



MATERNAL CHILD ADOLESCENT HEALTH & CASE MANAGEMENT REFERRAL FORM

Phone: (831)755-4950

FAX REFERRAL TO: (831)796-8511



REFERRED BY:

Name: _____ Agency: _____

Date: _____ Phone: _____ Fax: _____

REFERRED TO PROGRAM:

Nurse Family Partnership (NFP) Nutrition Maternal Child Adolescent Health

Internal Use Only:

DOB: _____

MRN: _____

CCAH#: _____

Medi-Cal#: _____

Date: _____

CLIENT INFORMATION:

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____

City/Zip: _____ Phone: _____ E-mail Address: _____

Primary/Preferred Language: _____ Has Client Been Informed of Referral? Yes No

REFERRAL CATEGORY: Please mark the criteria in which we will determine the client's eligibility

Maternal and Child Health Adolescent Health

- Medically Fragile Infant
- Infant Growth & Development
- High Risk Pregnancy
- First Time Mom-over 28 weeks
- Perinatal Depression and anxiety
- Pregnant or Parenting Teen

Nurse Family Partnership

- Nurse Family Partnership (To qualify must be pregnant first-time mother 28 weeks or less)
Estimated Delivery Date: _____

Nutrition (To qualify must meet one of the following criteria)

- Children/teens newly diagnosed diabetes
- Children/teens diagnosed w/ pre-diabetes
- Obese children/teens w/ a weight above 99th percentile
- Children/teens w/ challenges understanding or managing their diabetes care regimen
- Infants/children diagnosed w/ failure to thrive whose weight is below the 5th percentile
- Adults w/ newly diagnosed Type 1 & Type 11
- Pregnant women diagnosed w/ gestational diabetes
- Obese adult w/ BMI between 35-45 w/ a hx if co-morbidities such as diabetes, high blood pressure, asthma, thyroid abnormalities

Primary reason for referral

- Failure to take advantage of necessary health care services
- Noncompliance with prescribed medical regime
- Unable to coordinate multiple medical and other services
- Inability to understand medical directions because of comprehension barriers
- Lack of community support system to assist in appropriate follow-up care at home
- First time mom Medi-Cal eligible
- Victim of abuse, neglect, or violence
- Infants and children exposed to substance abuse

Please note that PHN Case Management Services do not include assessing suspected abuse or neglect, providing mental health counseling, parenting training, or substance abuse testing.

Internal Use Only:

Medi-Cal Eligible Yes No Health Eligible Yes No Race: _____ Ethnicity: _____

Name: _____ Signature: _____ Date: _____