



Santa Cruz County Health Services Agency
 Family Health Unit
 1060 Emeline Ave., Santa Cruz, CA 95060
 Tel: (831) 454-4339 Fax: (831) 454-5049
 Email: familyhealth@santacruzcounty.us



FAMILY HEALTH PROGRAMS

NURSE-FAMILY PARTNERSHIP & FIELD NURSING

Client will be considered for both the Nurse-Family Partnership and Field Nursing Programs, based on eligibility

REFERRAL SOURCE			
Name/Title		Agency/Department	
Today's Date	Phone Number	Fax Number	Email Address

➤ Would you like to be notified on the status of this referral? No Reply Phone Fax Email
 ➤ Is the pregnancy confidential? Yes No ➤ Did client consent to referral? Yes No
 ➤ Is it okay to identify ourselves as Public Health Nurses when contacting this client or when leaving a message? Yes No

PARENT INFORMATION					
Last Name		First Name		Date of Birth	Preferred Name/Nickname
Address			City	Zip Code	Medi-Cal #
Primary Phone Number		Cell Phone Number <input type="checkbox"/> Ok to text		Preferred Language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other	Email
Gravida	Para	Due Date	Delivery Type <input type="checkbox"/> Vaginal <input type="checkbox"/> C-Section	Prenatal Care Provider	

INFANT/CHILD INFORMATION					
Last Name		First Name		Date of Birth	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male
Birth Weight	Birth Length	HC	GA at Birth	➤ FOB involved? <input type="checkbox"/> Yes <input type="checkbox"/> No ➤ 1 st doctor appointment scheduled? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

REASON FOR REFERRAL / RISK FACTORS	
Known/Suspected – Check all that apply <input type="checkbox"/> First Time Mom <input type="checkbox"/> First Time Parenting <input type="checkbox"/> Pregnant / Parenting Teen <input type="checkbox"/> Not in school <input type="checkbox"/> In Foster Care/Group Home/Juv.Hall <input type="checkbox"/> Inconsistent/Late-Entry or No Prenatal Care <input type="checkbox"/> Psychosocial Concerns <input type="checkbox"/> Substance Abuse / Exposure <input type="checkbox"/> Homeless <input type="checkbox"/> Domestic Violence / Unhealthy Relationships <input type="checkbox"/> Maternal/Postpartum Mental Health Concerns <input type="checkbox"/> Non-Compliance / Compromised Medical Regimen <input type="checkbox"/> Medically High Risk / Medical Follow-Up Needed <input type="checkbox"/> Premature Birth (<i>under 36 weeks</i>) <input type="checkbox"/> Infant/Child Feeding Problems <input type="checkbox"/> Infant/Child Growth and/or Developmental Concerns <input type="checkbox"/> Grief/Fetal Loss <input type="checkbox"/> Other	

COMMENTS / ADDITIONAL INFORMATION

FOR OFFICE USE ONLY		
Eligibility: <input type="checkbox"/> Field Nursing <input type="checkbox"/> NFP	Acuity: <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	Case Manager: