

**Merced County Department of Public Health
Maternal Child Adolescent Health Services Referral**

Date of Referral:			
Referring Agency / Provider			
Referred By:		Contact Person:	
Phone:		Fax:	
Condition Prompting Referral			
<input type="checkbox"/> Public Health Nurse / Field Nurse - (Medically Fragile Infants / Children with Complex Health Issues)			
<input type="checkbox"/> Adolescent Family Life Planning/Young Parents Program (AFLP/YPP)-Pregnant or Parenting Teen 18 yrs or less			
<input type="checkbox"/> Healthy Families America (HFA) - Pregnant or Parenting baby under 2 mo. Old			
Client Information			
Client is aware of this Referral: <input type="checkbox"/> Yes <input type="checkbox"/> No		Ok to leave message? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last Name:		First Name:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		DOB:	
Less than 18 yrs: Consent to Inform? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Note: Provider is not permitted to inform a parent or legal guardian without the minor's consent.			
Address:		City:	Zip:
Phone:		Message Phone if applicable:	
Speaks English: <input type="checkbox"/> Yes <input type="checkbox"/> No	Preferred Language:		Ethnicity:
Insurance Information			
Insurance Type:		Insurance ID number:	
<input type="checkbox"/> Dose not have Insurance or MediCal		<input type="checkbox"/> Would like Insurance enrollment assistance	
Parent or Guardian information if Client is a Minor			
Last Name:		First Name:	DOB:
Address Same As Above: <input type="checkbox"/> Yes		Address if different from Client:	
City:	State:	Zip:	
Phone if different from Client:			
Identified risk Factors / Health Information			
Infant Information		Antepartum / Postpartum Information	
DOB:		EDC:	
Birth Weight:		Planned Pregnancy: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Discharge Weight:		Month Entered Prenatal Care:	
TOX Screen Done: <input type="checkbox"/> Yes <input type="checkbox"/> No		Parent Refused: <input type="checkbox"/> <input type="checkbox"/> No Prenatal Care	
TOX Screen Results:		<input type="checkbox"/> Drug Use in Past 2 Years	
<input type="checkbox"/> Premature Birth	WKS:	Drug(s) Used:	
<input type="checkbox"/> Congenital Anomaly		<input type="checkbox"/> Risk for Postpartum Depression	
Describe:		Scale:	Score:
<input type="checkbox"/> Persistent Respiratory Problems		Other Mental Health Risk or DX:	
<input type="checkbox"/> Persistent Feeding Problems			
<input type="checkbox"/> CPS Referral / Involvement		<input type="checkbox"/> Medically High Risk/Delivery Complications	
Describe:		Describe:	
Other notes / Risks:			
G:	P:	SAB:	Living:

Check here if you are requesting referral response. Please complete all fields applicable to the client before faxing 209-724-4011. PLEASE SEE INSTRUCTIONS ON PAGE 2 OF 2

Referral Agency and Provider Information:

- Organization: Complete name of agency making referral
- Referred Date: Date client was referred
- Contact Person: name of person making referral
- Email, Phone, Fax number of the person making referral

Client Contact Information:

Contact information of person being referred. Please complete all contact information, if unknown or not applicable, please specify UNKNOWN or N/A

Programs Available:

(Please check which program you would like to refer client to. If unknown check "Other")

- **Medically Fragile Infants/Children with Complex Health Issues - Public Health Nursing** – Public Health nurse home visiting services and assistance to families with prenatal, postpartum, newborn and child health issues.
- **Adolescent Family Life Program (AFLP) / Young Parents Program (YPP)** – Case management support services for pregnant and parenting teens 19 years or under
- **Healthy Families America (HFA)** – Home visiting case management services for pregnant or up to 2 months postpartum women, serving families up to the child's 3rd birthday.

Other Agency's/Programs Involved: Please list any other referrals you made for this client to increase service coordination.

Additional Information: Please provide detailed information that would help the receiving agency work with this client.