

County of Fresno Department of Public Health Public Health Nursing Services Referral

Pregnancy Services Referral

FAX 559-455-4705

| Offic | ce Use Only | , | |
|-------|-------------|---|--|
| CT - | | | |
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| | PAX 559-455-4705 Date of Referral: | | | | | | | | | | | | | |
|---|------------------------------------|----------------|---------------|------------|------------|--|--|--------|-------------|--------|---------------|---------|--|--|
| Referring Agency/Provider | | | | | | | | | | | | | | |
| Agency Name: | | | | | | Contact Person: | | | | | | | | |
| Address: | | | | | | Phone# FAX #: | | | | | | | | |
| State | | Zip | ip | | | | CPSP Providers? Yes No Reply Requested? Yes No | | | | | | | |
| Reason for Referral: High Risk Pregnancy First Time Mother Other: | | | | | | | | | | | | | | |
| Client Information | | | | | | | | | | | | | | |
| Last Name | :: | | First | Name: | | | | DOB: | | Phone: | | | | |
| Address: | Address: City: | | | | | Zip: Primary Language: | | | | | | | | |
| 17 Years or Younger: Is parent aware of pregnancy? | | | | | | | | | | | | | | |
| Race: Medi-Cal: Yes No If yes, choose one: | | | | | | | | | | | | | | |
| | | | | R | equired | Infor | mation | | | | | | | |
| Presumptiv | e Eligibility: | Yes | No Due D | ate: | | LMP | | # of | Pregnancie | s: # O | f Children Li | ving: | | |
| | | | | Identified | Risk Fa | ctors (| any that | apply) | | | | | | |
| OB Provider (yes/no) | | | | | | | | | | | es No | | | |
| Name of OB Provider: | | | | | | Uses Tobacco | | | | | Y | es 🗌 No | | |
| Date of next pre-natal visit: | | | | | | Exposed to 2nd hand smoke | | | | | | es 🗌 No | | |
| Weeks at Entry | | | | | | Positive PPD with abnormal chest X-ray | | | | | | es 🗌 No | | |
| Medically High Risk (describe below) Yes No | | | | | | | Barriers | Y | es 🗌 No | | | | | |
| Mental Hea | alth Diagnos | is or on Med | ls | Yes | No | | No Supp | Y | es No | | | | | |
| Difficult home situation and/or abuse Yes No | | | | | | | Extreme | Y | es 🗌 No | | | | | |
| Additional In | nformation (ad | d additional p | ages if neede | ed) | | | | | | | | | | |
| Office Use O | nly | | | | | | | | | | | | | |
| Liason | HRIP | AFLP/MMC | NFP Waitlist | NFP | CHVP-NFP \ | Waitlist | CHVP-NFP | BF | BF Waitlist | I/R | ВІН | СС | | |
| | | | | | | | | | | | | | | |