



Referral for Health Department Nurse Home Visiting Services

- Nurse Family Partnership:** (NFP) 1st time pregnant (no previous live birth), <28 weeks gestation, low income Nurse home visit until child is 2 years old
- Prenatal Care Coordination:** (PNCC) Any pregnant women with risk factors marked below Nurse home visit until infant is 2 months old
- Maternal Child Health:** (MCH) Any postpartum woman with risk factors marked below Nurse home visit with child

Today's Date: _____ Client Informed of Referral: Yes No

Language: English Spanish Other _____

Race: Black White Asian Nat. American Mixed Unknown Ethnicity: Hispanic Non-Hispanic

	LAST	FIRST	DOB	EDD
MOTHER				
NEWBORN				<input type="checkbox"/> M <input type="checkbox"/> F

Address: _____ Apt. #: _____ City: _____ Zip: _____

Telephone Number: _____ Emergency Contact Number: _____ Email: _____

Doctor/Clinic Name: _____

Perinatal Risk Factors and Postpartum Conditions

- History of pre-term labor or low birth weight baby
- Underweight (Pre-pregnancy BMI <19.8) and/or poor weight gain/weight loss
- Overweight (Pre-pregnancy BMI >26.1) and/or excessive pregnancy weight gain
- Depression/History of Depression (including prenatal/postpartum) or other mental health problems
- Diabetes/Pre-diabetes: current or past gestational diabetes
- Hypertension: current or past pregnancy-induced hypertensive disorder (including pre-eclampsia)
- Asthma, particularly if assessed as being poorly controlled (use Asthma Control Test)
- Serious oral health problem (pain, swelling, drainage)
- STI, HIV/AIDS or STI/HIV risk
- Current or history of alcohol OR drug abuse
- Current or recent history of *cigarette/marijuana smoking*
- History of fetal/neonatal death

General Risk Factors

- Under 18 years of age
- Late (after 13th week); sporadic or no prenatal care
- Cognitive or sensory limitations that may impact pregnancy
- Inability to manage perinatal risk factors
- Homelessness
- Single
- Not a High School graduate
- Enrolled in WIC

Current Problems with Infant

- Infant with significant feeding problems
- Apgar Score: _____
- Birth Wt: _____ Discharge Wt: _____

Person/Agency Referring: _____ Phone: _____

Response Requested: Yes No

Send this form to Public Health: FAX: 608-355-4329 / Phone: 608-355-3290

Comments: