

**PUBLIC HEALTH NURSE/HE REFERRAL**



Phone: 651-266-1555 Fax: 651-266-1560

**I'd like to meet with a Public Health Nurse/Health Educator. Please call me.**

First name: \_\_\_\_\_ Last name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ Apartment #: \_\_\_\_\_

City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone number: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Is it OK to leave a message at the above numbers?  Yes  No I prefer text messages?  Yes  No  
*(I understand that any messages could be seen or heard by others)*

Best days/times to reach: \_\_\_\_\_

My health care provider: \_\_\_\_\_

**INTERPRETER NEEDED?**  Yes  No **Language:** \_\_\_\_\_

Child's First name: \_\_\_\_\_ Last name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Gender:  Male  Female

**For infant:** Birth weight: \_\_\_\_\_ Gestational age: \_\_\_\_\_ Breastfeeding?  Yes  No

Child's health care provider: \_\_\_\_\_

**Reason for Referral**

- Pregnant – will be 1<sup>st</sup> time parent Pregnancy due date: \_\_\_\_\_
- Pregnant – will be 2<sup>nd</sup> time parent
- First or second time parent with infant less than 4 months old
- Pregnant or parenting teen under age 19 years
- MFIP Teen: Overview Date: \_\_\_\_\_
- African American and American Indian Clients, Prenatal to 3 years old, Club Mom or Club Dad
- Developmental concerns 0-3 year old child – desire help with health/early childhood resources

**Additional Information:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Client is aware of and agreed to this Public Health PHN/HE referral on (date) \_\_\_\_\_*  
*Referring person \_\_\_\_\_*  
*Referring agency \_\_\_\_\_*  
*Phone# \_\_\_\_\_*

<b>For Public Health Office Use:</b> FID # _____	<b>Opened to services?</b> Yes / No
New _____ Open _____ Closed _____ NTU _____ CT _____	Reason if NTU _____
PHN/HE _____ Team _____	PHN/HE Signature _____
Mbr# _____ Name _____ DOB _____	PHN/HE LABEL
PMI _____ Payor _____ Start _____	
Mbr# _____ Name _____ DOB _____	
PMI _____ Payor _____ Start _____	
MMIS Case # _____ CF _____	
Referral taken by _____	
Date _____	