

Riverside County Department of Public Health
Public Health Nursing / MCAH

Phone: (951) 210-1344 Fax: (951) 210-1348

REFERRAL FORM FOR NURSE-FAMILY PARTNERSHIP PROGRAM

FOR FIRST TIME MOMS WHO ARE 16-28 WEEKS (4 – 7 months)

(We encourage enrollment as early as possible to give her the maximum number of nursing visits)

Nurse-Family Partnership is a free and voluntary program. Public health nurses visit women in their homes during their first pregnancy and throughout the first two years of their children's lives to accomplish three goals: **1. Improve pregnancy outcomes 2. Improve child health and development 3. Improve economic self-sufficiency of the family**

CLIENT INFORMATION

Name: _____ DOB: _____

Address: _____ City, Zip code _____

Phone # _____ Alternate Phone # _____

Type of Insurance: Medi-Cal Other: _____

EDC: _____ Language: _____ Race: _____

(due date)

Comments: _____

REFERRAL SOURCE INFORMATION

Agency: _____

Address: _____

Phone # : _____ Fax # : _____

Completed by: _____ Date _____ Reply Requested: Yes No

Consent for NFP Referral

By signing this form, I _____ agree to allow _____ to disclose my contact and medical information to the Nurse – Family Partnership Program.

REFERRAL DISPOSITION: OFFICE USE ONLY

Enrolled in NFP Referred to MCAH Referred to Public Health Nursing Other Client refused services Unable to locate

