ALPINE COUNTY HEALTH DEPARTMENT

Ph: 530-694-2146 / Fx: 530-694-2770

Public Health Nurse Referral

REFERRAL SOURCE

Referred By		Agency	
Referral Date	Phone Number	Fax Number	Email Address

Would you like updates about the status of this referral?

Yes	No

If yes, Contact Information: Phone _____

Is client aware of referral?

Yes	No

Email _____

PATIENT INFORMATION

Last Name	First Name	Date of Birth	Preferred Name/Nickname
Address		City	Zip Code
Phone Number	Alternative Phone Number	Preferred Language	Medi-Cal #

Grava	Para	EDC	Delivery Type	Prenatal Care Provider

INFANT / CHILD INFORMATION

Last Name	First Name	Date of Birth	Gender

Birth Weight	Birth Height	HC	GA at Birth	Primary Care Provider

REASON FOR REFERRAL *At Risk / Suspected / Known*

[ ] First Time Mom / Teen	[ ] Infant / Child Feeding Problems
[ ] Inconsistant / Late - Entry or No Prenatal Care	[ ] Growth and / or Developmental Concerns
[ ] Maternal / Postpartum Mental Health Concerns	[ ] Premature Birth
[ ] Substance Abuse	[ ] Substance Exposure
[ ] Domestic Violence / Unhealthy Relationships	[ ] Child Abuse / Neglect
[ ] Grief / Fetal Loss	[ ] Psychosocial Concerns

Resources & Referrals:

[ ] Counseling / Social Support	[ ] Childcare Assistance	[ ] Health Insurance
[ ] Housing	[ ] Food / Clothing	[ ] Other _____

COMMENTS / ADDITIONAL INFORMATION

75 B Diamond Valley Road
Markleeville, CA 96120