

PUBLIC HEALTH NURSING PROGRAMS REFERRAL

Call: 916-875-BABY

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Email: DHSMCAH@saccounty.net



REFERRAL SOURCE:	
Date:	Referred By:
Phone:	E-Mail:

FAMILY INFORMATION			
Parent/Guardian:		Date of Birth:	
Address:		Male ☐ Female ☐ No Response ☐	
City:		Zip Code:	
Phone:		E-mail:	
Ethnicity: White/Caucasian ☐ Black/African American ☐ Asian ☐ Hispanic ☐ Native American ☐ Pacific Islander ☐			
Languages spoken:			
Mother Pregnant: Yes ☐ No ☐	Due Date:	First Time Parent: Yes ☐ No ☐	
List children age youngest to oldest		Child C:	Date of Birth:
Child A:	Date of Birth:	Child D:	Date of Birth:
Child B:	Date of Birth:	Child E:	Date of Birth:

FAMILY NEEDS/ADDITIONAL INFORMATION	

I am aware my personal information may be shared with Sacramento County Maternal, Child & Adolescent Health Program for referral purposes.

Signature of Client: _____ ☐ Client was verbally advised of referral

REFERRAL CRITERIA EXAMPLES (not all-inclusive)

AGE ELIGIBILITY	REFERRAL CRITERIA
<i>All Ages</i>	☐ Unstable Housing. ☐ Five or more emergency room visits in a six-month period that could have been avoided with appropriate outpatient care or improved treatment adherence. ☐ Three or more hospital stays in a six-month period that could have been avoided with appropriate outpatient care or improved treatment adherence.
<i>Pregnancy</i>	☐ First time mother. ☐ Mother or father with limited support and/or infant care knowledge or first time mom/parent. ☐ Current substance misuse during pregnancy, substance misuse during pregnancy but has since stopped use, and/or substance misuse during previous pregnancies or within the last year. ☐ History of maternal mental illness/developmental delays without treatment or services. ☐ Maternal depression or history of post-partum depression. ☐ Delivery with no or inadequate prenatal care. ☐ History of abuse and/or neglect of other children. ☐ Violence in home. ☐ Physical symptoms/conditions that may complicate pregnancy: toxemia, preterm labor, severe nausea/vomiting, multiple gestation, gestational diabetes, severe anemia, inadequate or excessive weight gain, untreated or uncontrolled chronic illness.
<i>Children 0-18</i>	☐ Preterm infant born at or before 34 weeks. ☐ Low birth weight (2,499 g/ 5 lbs. 8.1 ounces or less). ☐ Prenatal drug exposure and/or a positive toxicological screen. This also includes substance-exposed children. ☐ Infant appearing to have acute withdrawal symptoms. ☐ Failure to thrive/feeding issues. ☐ Maladaptive parent/infant interactions (refusing to feed, threatening infant/child, threatening to leave with infant AMA). ☐ Newborn/infant who has physical or medical problems that may impact vital life functions including sustained hypoxia (lack of oxygen), pre or post-natal anomalies, or a life-threatening illness/condition such as respiratory distress syndrome. ☐ Severe medical conditions not addressed by specialty care providers; needs linkages. ☐ Child/Adolescent with developmental delays not addressed by specialty care providers; needs linkages. ☐ Caretaker is medically non-compliant due to barriers in accessing care. ☐ Caretaker has significant learning/developmental delays not addressed by intervention services. ☐ Caretaker has a psychiatric disorder that puts the child at risk.
<i>At Risk Families</i>	☐ Infant or child under 18 years with possible developmental delays and not receiving early intervention services. ☐ Parent/caregiver has unrealistic expectations or perceptions of infant/child's behavior or development; unresponsive to infant/child's needs and/ or needs specialized education regarding infant/child care, nutrition, and/or safety issues. ☐ Family has one or more barriers to accessing basic needs, including: community resources, insurance, health care providers. ☐ Family has challenges in following through with appointments and/or health provider recommendations. ☐ One or more household members engage in at-risk behaviors including: substance misuse, gang involvement, violent behaviors, and/or unprotected sex. ☐ Potential for or past history of domestic or intimate partner violence. ☐ Family has minimal coping or problem-solving skills. ☐ Family does not have an identifiable support network.

For Internal Use- Notes: