

Nurse Family Partnership
Public Health-Seattle & King County Referral Form

Patient Name: _____ DOB: _____		Race (check all that apply) <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unknown
Address: _____		
Cell phone: _____	Other phone (specify): _____	Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown
Emergency Contact: _____ Provider One #(if known)	Phone: _____ Private Insurance <input type="checkbox"/> Y <input type="checkbox"/> N	Interpreter Needed <input type="checkbox"/> Y <input type="checkbox"/> N Language Spoken: _____ Veteran? <input type="checkbox"/> Y <input type="checkbox"/> N
Referred by: (Name of person calling or making the referral)	Agency: (name of agency where referral source works)	
Date of referral: (Date form filled out)	Phone: _____ Email: _____	Fax: _____
Nurse to contact the referent before/after family contact: <input type="checkbox"/> YES <input type="checkbox"/> NO		
Estimated Due Date: _____	Number of live births: _____	
Mom's Health Care Provider: _____	Health Care Provider phone number: _____	
CRITERIA:		
<input type="checkbox"/> First Time Mom under 26 wks pregnant <input type="checkbox"/> Eligible for Medicaid (Apple Health)		

Additional Information: (i.e. social & family history, mental health concerns, parental concerns)

Referred by: Name: _____ Agency: _____ Contact phone: _____ Would you like to be contacted when PHN is assigned? <input type="checkbox"/> Yes <input type="checkbox"/> No Is patient/family aware of referral? <input type="checkbox"/> Yes <input type="checkbox"/> No	Patient approval for texting: <i>I agree to get text messages from Public Health – Seattle & King County to tell me about the services available to me. No more than 2 messages will be sent to me if I don't reply.</i> Patient signature _____ Date _____ Text messages may expose your personal information. Please password-protect your phone.
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YES NO CLIENT INFORMED OF NFP REFERRAL

OK TO CALL & LEAVE MESSAGE at ABOVE PHONE NUMBER(S)