Public Health
Seattle & King County

Parent Child Health Referral

Questions? 206-263-8374

Please fax to **206-296-4679**
(Do not email)

Thank you for your referral to Public Health – Seattle & King County! **Date**_____

Patient:

Name _____

AKA/former name_____

DOB _____ Gender _____

Provider One # _____

If infant/child, mother/caregiver's name:

Name _____

DOB _____ Gender _____

Provider One # _____

Address _____

_____

Phone/contact info _____

_____

If interpreter needed, language(s): _____

Type of Referral: ***[select all that apply]***

□ Pregnant – EDD _____

□ Post-Pregnant – Birth/End Date _____

□ Infant *[up to 1 year]*

Birth weight _____ Gestational age_____

□ Home visit *[Nurse/Social Worker/Dietitian/CHW]*

□ WIC/office services

□ Nurse-Family Partnership (NFP) *[1st time parent]*

□ Children with Special Health Care Needs (CSHCN)

Dx _____

□ Birth notification only *[no concerns]*

□ Other _____

Reason for Referral/Concerns: ☐ Breastfeeding ☐ Behavioral Health ☐ Current CPS Involvement ☐ Other:

Referred by:

Name: _____

Agency: _____

Contact phone: _____

Would you like to be contacted when Public Health provider is assigned? ■ Yes □ No

Is patient/family aware of referral? ■ Yes □ No

Patient approval for texting:

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.

Patient signature _____

Date _____

Text messages may expose your personal information. Please password-protect your phone.

Public Health
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Parent Child Health Referral with Client Consent for Texting

Consent

Client Name: _____

HR #: _____

D.O.B.: _____

Parent Child Health
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