



Referral Form for Pregnant Women and Infants (03-17)

Date _____

Referral from:

Name _____
 Company _____
 Phone _____ FAX _____

Client/Patient Information:

Name _____
 DOB _____ Medicaid # _____
 Plan ID # _____ Language Spoken _____
 County _____
 Mailing Address _____
 Physical Address _____
 Phone _____ Alternate Phone _____

I am referring the client for:

Nurse Family Partnership—Any first-time, low income pregnant woman in Golden Gate, East Naples, Lehigh, or Hendry County.

Healthy Start Care Coordination—Any pregnant woman or baby ages 0-2 years with one or more risks below.

(check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> NICU | <input type="checkbox"/> Tobacco Use |
| <input type="checkbox"/> Homelessness | <input type="checkbox"/> Substance abuse |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Maternal Illness |
| <input type="checkbox"/> Sexual Violence | <input type="checkbox"/> Teen with no support |
| <input type="checkbox"/> Child Abuse | <input type="checkbox"/> Diagnosed mental health illness |
| <input type="checkbox"/> History of violence in the home | <input type="checkbox"/> Inadequate growth & development |
| <input type="checkbox"/> HIV | <input type="checkbox"/> Lack of basic needs such as housing & food |
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Lack of health care including prenatal care |
| <input type="checkbox"/> Other, using professional judgment (specify) _____ | |

Referrals: Please Contact Your Local Healthy Start Provider:

County	Phone	Fax
Collier	239.252.8551	239.252.5330
Glades	863.674.4041 x 132	863.674.4045
Hendry	863.674.4041 x 132	863.674.4045
Lee	239.225.7734	239.225.7744

Healthy Start Coalition of Southwest Florida, Inc.

Main Office: 1921 Jefferson Avenue, Fort Myers, FL 33901

Main Number: (239) 425-6920 * Customer Service (800) 883-1959 * www.HealthyStartBaby.org