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):
  ☐ NICU
  ☐ Homelessness
  ☐ Domestic Violence
  ☐ Sexual Violence
  ☐ Child Abuse
  ☐ History of violence in the home
  ☐ HIV
  ☐ Hepatitis B
  ☐ Other, using professional judgment (specify) ________________________

Tobacco Use
Substance abuse
Maternal Illness
Teen with no support
Diagnosed mental health illness
Inadequate growth & development
Lack of basic needs such as housing & food
Lack of health care including prenatal care

Referrals: Please Contact Your Local Healthy Start Provider:

<table>
<thead>
<tr>
<th>County</th>
<th>Phone</th>
<th>Fax</th>
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<tbody>
<tr>
<td>Collier</td>
<td>239.252.8551</td>
<td>239.252.5330</td>
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<td>Glades</td>
<td>863.674.4041 x 132</td>
<td>863.674.4045</td>
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<tr>
<td>Hendry</td>
<td>863.674.4041 x 132</td>
<td>863.674.4045</td>
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<tr>
<td>Lee</td>
<td>239.225.7734</td>
<td>239.225.7744</td>
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</tbody>
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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