

Participant Referral Form

REFERRAL GUIDELINES

1. Please advise all potential **high-risk** participants that services are provided free of charge and 100% voluntary for parents who are expecting a baby or have a child under the age of 5 years.
2. Pasco connect will connect parents to a program (such as HEALTHY START or HEALTHY FAMILIES) in which they can learn about prenatal care, immunizations, well-baby care, breastfeeding, nutrition, child development, parenting, smoking cessation, interconception care, community resources, and more.
3. **Please FAX this form to: 727-841-6555.** If you have any questions, please contact Jessica Q. at 727-841-7888

CLIENT INFORMATION

 Prenatal

 Infant

Mother's Name: _____ D.O.B: _____

Address: _____

City/Zip: _____ Phone: _____ Language: _____

Estimated Due Date, if pregnant: _____ D.O.B of child (if Infant): _____

Child's Name: _____ Male Female

My signature below indicates my consent to be contacted by Pasco Connect for enrollment into a program, such as Healthy Start or Healthy Families

Parent/Guardian Signature: _____

REFERRAL MADE BY:

Name/Title: _____

Phone/Email: _____

Agency/Program: _____

Reason for Referral: _____

- | | |
|---|--|
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Abnormal conditions (NICU, assisted ventilation, illness) |
| <input type="checkbox"/> Age: <18 | <input type="checkbox"/> Low birth weight <input type="checkbox"/> 2,000g or less than 4lbs 7oz. |
| <input type="checkbox"/> Domestic violence (Past or Present) | <input type="checkbox"/> Growth/ developmental delay |
| <input type="checkbox"/> Substance use/abuse | <input type="checkbox"/> Fetal demise |
| <input type="checkbox"/> Smoking cessation | <input type="checkbox"/> Last pregnancy complications (high risk) |
| <input type="checkbox"/> Late/No entry into prenatal care | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Medical condition <input type="checkbox"/> HIV <input type="checkbox"/> HepB | |
| <input type="checkbox"/> Nutrition/ Weight issues | |
| <input type="checkbox"/> Sexual abuse (Past or Present) | |