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Public Health
Prevent. Promote. Protect.

Today's date:

Parent's First Name:

Middle:

Last:

DOB:

Marital status: Single Separated Divorced Widowed Married

Parent address:

City:

State:

Zip:

Parent's phone number:

Parent's Email:

Parent's preferred method of contact:

Call

Text

Email

Is this the client's first child: Yes No

Due date or child's delivery date:

Child's First Name:

Middle:

Last:

Child's Sex: Boy Girl

Other children in the home: Yes No

Interpreter needed: Yes No

Primary Language:

Referral agency:

Contact Person:

Phone:

Parent aware of referral: Yes No

Parent on MA: Yes No Unknown

Parent is interested in information about Follow Along Program Yes

No

Identified areas of concern for family:

Financial or housing insecurities

Infant feeding support

Limited support system

Limited parenting skills

Other/additional comments:

Late prenatal care or poor compliance

History of or current abuse, safety or violence

History of or current mental health concerns

History of or current chemical or tobacco use or abuse