



Department of Health Services
Division of Behavioral Health Services
Substance Use Prevention and Treatment Services
Submit Completed Referral to: team-supt-scs@Sacounty.net

Phone: 916-875-2050

Healthy Beginnings Perinatal Program Referral Form

Referral Information

Date of Referral:

Referring Party Name: _____ Phone #: _____
E-Mail: _____ Provider: _____

Client Information (One form per client referred)

Client Name: (last) _____ (first) _____ Primary Language: _____
DOB: ____ / ____ / ____ Phone #: _____
(Month) (Date) (Year)
Address: _____ City: _____ Zip Code: _____

Pregnancy Information

Client is currently Pregnant: ☐ Yes ☐ No Projected Due Date: ____ / ____ / ____
(Month) (Date) (Year)
Receiving Prenatal Care: ☐ Yes ☐ No Post Partum: ☐ Yes ☐ No
Date of Delivery: ____ / ____ / ____ Current admitted Drug Use ☐ Yes ☐ No
(Month) (Date) (Year)

HISTORY and RECENT EVENTS (check all that apply)

Substance Use (check all that apply): PLEASE ADD DATES IN BELOW NARRATIVE TO ALL CHECKED BOXES

☐ Admitted drug use ☐ Mother positive at birth ☐ Prenatal exposure ☐ Prior SUD Tx history
☐ Positive Drug Test ☐ Infant positive at birth ☐ Prior Pos-Tox births ☐ Other

Drug(s) of choice related to qualifying events (check all that apply):

☐ Alcohol ☐ Ecstasy/Club drugs ☐ Marijuana ☐ Opiates / Fentanyl
☐ Benzodiazepine ☐ Hallucinogens ☐ Methamphetamine ☐ Other:
☐ Cocaine/Crack ☐ Heroin ☐ Misuse of Prescriptions

Family History (check all that apply): Current Living Environment for Children: ☐ In Home ☐ Out of Home

☐ Domestic Violence ☐ Mental Health concern ☐ Family history of SUD

Description of Specific Concerns related to Parent's Substance Use and how this is affecting their parenting:

Specific details and dates of the above checked boxes, include SUD related history as well as treatment episodes, and current drug test results

Date of last use: _____ Date of positive drug test: _____
Current Drug Use: ☐ Yes ☐ No Current AOD Services: ☐ Yes ☐ No
Client is informed of SUD Referral ☐ Yes ☐ No Client is open to SUD Treatment ☐ Yes ☐ No

Specific Details:

(Attach additional pages if needed)