



# VENTURA COUNTY PUBLIC HEALTH NURSING REFERRAL

<http://www.vchca.org/public-health-nursing>

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## SECTION I REFERRING SOURCE

Please Print Clearly

Date: \_\_\_\_\_ Referring Person/Title: \_\_\_\_\_

Agency: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

For CalWorks Staff ONLY/Family Stabilization: Yes No CalWorks Case#: \_\_\_\_\_

For Family Preservation (R2R Grant): Yes No

## SECTION II CLIENT INFORMATION

Client Aware of Referral

(Print) Last Name: \_\_\_\_\_ First: \_\_\_\_\_ AKA: \_\_\_\_\_

DOB: \_\_\_\_\_ SEX: M  F  Other:  Primary Language: English:  Spanish:  Other:

Type Of Insurance: \_\_\_\_\_ MediCal #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

CELL: \_\_\_\_\_ OTHER: \_\_\_\_\_ EMAIL: \_\_\_\_\_ TEXT OK:

NAME OF PERSON LIVING WITH: \_\_\_\_\_ RELATIONSHIP TO CLIENT: \_\_\_\_\_

## SECTION III REASON FOR REFERRAL

Pregnancy: EDD \_\_\_\_\_ Date/Time of next OB appt: \_\_\_\_\_ First Time Parent < 28 weeks gestation

Postpartum: Delivery Date \_\_\_\_\_  4P's Form Attached Additional Documentation Attached

Please Specify - Medical diagnoses/Identified problem/Needs:

## SECTION IV REFERRAL STATUS (For Community Health Nursing Only)

Notified Referral Source by:

Signature/Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Nursing Referral Center Staff use only:**

Referral Outcome:

Date: \_\_\_\_\_ Initials: \_\_\_\_\_ Program: \_\_\_\_\_ Nurse: \_\_\_\_\_ Priority: \_\_\_\_\_ NRS # \_\_\_\_\_

Researched  Previous Providers/NRS #: \_\_\_\_\_

# Nursing Referral Center

## Ventura County Public Health

### When To Initiate A Public Health Nursing Referral

Public Health Nurses (PHNs) will collaborate with you to improve your client's quality of life and access to care by providing comprehensive nursing assessments, education and linkage to community resources.

Types of referrals that can be made to Public Health Nursing are:

- ◆ Assistance with access to health care services
- ◆ Individuals with multiple medical issues
- ◆ Inconsistent, late-entry into or no prenatal care
- ◆ At-risk for or currently using harmful substances during pregnancy
- ◆ Maternal or postpartum mental health concerns
- ◆ Premature births (under 37 weeks gestation)
- ◆ Newborn or child prenatally exposed to harmful substances
- ◆ Failure to thrive infant
- ◆ Concerns regarding infant or child growth and/or development
- ◆ First Time and/or complicated pregnancy
- ◆ Grief Support