

# Nurse Family Partnership

## Public Health-Seattle & King County Referral Form

Patient Name: _____		DOB: _____		<b>Race</b> (check all that apply) <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unknown
Address: _____				
Cell phone: _____		Other phone (specify): _____		<b>Ethnicity</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown
Emergency Contact: _____		Phone: _____		<b>Interpreter Needed</b> <input type="checkbox"/> Y <input type="checkbox"/> N Language Spoken: _____ <b>Veteran?</b> <input type="checkbox"/> Y <input type="checkbox"/> N
Provider One #(if known) _____		Private Insurance <input type="checkbox"/> Y <input type="checkbox"/> N		
<b>Referred by :</b> (Name of person calling or making the referral)		<b>Agency:</b> (name of agency where referral source works)		
<b>Date of referral:</b> (Date form filled out)		<b>Phone:</b> _____		<b>Fax:</b> _____
		<b>Email:</b> _____		
Nurse to contact the referent before/after family contact: <input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>Estimated Due Date:</b> _____		<b>Number of live births:</b> _____		
<b>Mom's Health Care Provider:</b> _____		<b>Health Care Provider phone number:</b> _____		
<b>CRITERIA:</b>				
<input type="checkbox"/> First Time Mom under 26 wks pregnant <input type="checkbox"/> Less than 25 years old (No age limit – City of Seattle) <input type="checkbox"/> Eligible for Medicaid (Apple Health)				

**Additional Information:** (i.e. social & family history, mental health concerns, parental concerns)

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**Client approval for texting:**

Client consents to introductory communication via text (see *Client Approval for Texting* form).

*Thank you for taking this extra step to ensure we are able to make contact with the client you are referring to us!*

**YES**  **NO** CLIENT INFORMED OF NFP REFERRAL

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**OK TO CALL** & LEAVE MESSAGE at ABOVE PHONE NUMBER(S)

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