



VENTURA COUNTY PUBLIC HEALTH
NURSING REFERRAL

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

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SECTION I REFERRING SOURCE

Date: Referral by:
Agency:
E-Mail Address: Phone: FAX:
If from CalWorks/Family Stabilization ONLY - West County East County

SECTION II CLIENT INFORMATION

(Print) Last Name: First: AKA:
DOB: SEX: M F Primary Language English Spanish Other:
MediCal #: Chart #:
ADDRESS: CITY: ZIP:
HOME PHONE: WORK: CELL: OKAY TO TEXT:
NAME OF PERSON LIVING WITH: RELATIONSHIP TO CLIENT:

SECTION III REASON FOR REFERRAL

Pregnancy EDC Date: Postpartum Delivery Date: Client Aware of Referral
4P's Attached Date of Next OB Appointment:

Identified problem/needs are:

Signature/Title: Date:

SECTION IV REFERRAL STATUS (For use by Nursing Referral Center Staff Only)

No follow-up Unable to locate No such address Client refused Case open

Plans/Goals:

Notified Referral Source by: Phone Date: Fax Date: E-mail Date:
Signature/Title: Date:

(Nursing Referral Center Staff use only)

Referral Review:

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
- ◆ Complex issues that endanger the existing level of health
- ◆ 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