



# VENTURA COUNTY PUBLIC HEALTH NURSING REFERRAL

[http://www.vchca.org/public-health/maternal-child-adolescent-health-\(mcah\)/public-health-nursing](http://www.vchca.org/public-health/maternal-child-adolescent-health-(mcah)/public-health-nursing)

Office: (805) 981-5115 FAX: (805) 654-7610 E-mail: [CHNReferrals@Ventura.org](mailto:CHNReferrals@Ventura.org)

This information is intended only for the use by the office checked. If you are not the intended recipient, please deliver it to the intended recipient. Disclosure, copying, dissemination, distribution or the taking of any action in reliance on the contents of this transmitted information is strictly prohibited.

## 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