

VENTURA COUNTY PUBLIC HEALTH NURSING REFERRAL

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

Office: (805) 981-5115 E-mail: CHNReferrals@ventura.org

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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		s No Calv	vorks Case#
SECTION II	CLIENT INFORMATION		Client Aware of Referral
(Print) Last Na	me:	First:	AKA:
DOB:	SEX M F Other	🔲 Primary Language 🔲 🗉	inglish
Type of Insurar	nce:	MediCal #:	
ADDRESS:			ZIP:
CELL:	OTHER:	EMAIL:	TEXT OK:
NAME OF PERSON LIVING WITH: RELATIONSHIP TO CLIENT:			
OF OTION III	DE AGON FOR REFERRAL		
SECTION III			
Pregnancy: EDDDate/Time of next OB appt: Postpartum: Delivery Date			First Time Parent < 28 wks gestation Additional Documentation Attached
Please Spec	ify - Medical diagnoses/Identified	problem/Needs:	
SECTION IV REFERRAL STATUS (For Community Health Nursing Only)			
Notified Referra	al Source by:		
Signature/Title	:		Date:
Nursing Refe Referral Outco	erral Center Staff use only:		
Date:	_Initials:Program:	Nurse:	Priority: NRS #
Resear	ched Previous Providers/NRS		

Nursing Referral Center

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