Ingham County Health Department

Maternal Child Health Division
Program Referral

Form completed by:	**DATE:**	Case #
Referral source:	Phone	
Client aware of referral? ☐Yes ☐No	Comment	

CLIENT/PATIENT CONTACT INFORMATION

Name	☐**M** ☐**F**	**DOB**
Race (Check all that apply)	☐ Caucasian ☐ African American ☐ Asian ☐ Native American	
☐ Hispanic/Latino	☐ Unknown ☐ Refused	
Interpreter Needed ☐ Yes ☐ No	Language:	
Address	**Apt #**	**City** **Zip**
Phone	Will Accept Texts ☐ Y ☐ N	**Email**
Alt Phone	Will Accept Texts ☐ Y ☐ N	
Additional Contact Name		**Phone**
☐Infant/Child's Father ☐Spouse ☐Partner ☐ Minor's Guardian		

CLIENT/PATIENT MEDICAL INFORMATION

Medical Provider	**Phone**
Health Insurance: ☐ Medicaid	Medicaid #_____ Medicaid Health Plan _____
☐ Commercial/Private ☐ None ☐ Unknown	
Maternal History: EDC (Due Date)	Gravida (# of Pregnancies) Para (# of Deliveries)
Preterm Delivery ☐ Y ☐ N	Low Birth Weight ☐ Y ☐ N Miscarriage ☐ Y ☐ N Infant Loss ☐ Y ☐ N

INFANT/CHILD INFORMATION

Infant /Child	Name	DOB	☐M ☐F	Birth Weight	Current Weight
Medical Provider:				Phone:	

IDENTIFIED ISSUES

☐ High risk pregnancy	☐ Alcohol	☐ Current ☐ History	☐ Tangible Needs
☐ NICU stay for infant	☐ Drugs	☐ Current ☐ History	☐ Housing Information
☐ Pregnancy with multiples	☐ Tobacco	☐ Current ☐ History	☐ Transportation Challenges
☐ Nutrition needs	☐ Mental Health Diagnosis: _____	☐ Current ☐ History	☐ Food Resources
☐ Lead exposure	☐ Maternal Depression	☐ Current ☐ History	☐ Isolation/lack of support
☐ Other: _____	☐ Other:_____		☐ Assistance with DHHS (Medicaid, cash, etc.)

Please explain circumstances, above risks, and any other risks or concerns.

Office use only

Currently open to:	☐ RN_____	☐ SW_____	☐ CHW_____
Previously open to:	☐ RN_____	☐ SW_____	☐ CHW_____
Case Assignment:	☐ RN_____ ☐ Date_____	☐ RD_____ ☐ Date_____	☐ SW_____ ☐ Date_____
	☐ CHW_____ ☐ Date_____	☐ Other_____ ☐ Date_____	☐ Send ltr._____ ☐ Date_____

Results of Referral (office use only)

Date returned Staff initials	☐ Open to Services ☐ Refused Services	☐Unable to locate

5303 S. Cedar, P.O. Box 30161, Lansing, MI 48909
Phone (517) 887-4322 Fax: (517) 887-4384

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