NURSE-FAMILY PARTNERSHIP REFERRAL FORM

NOTE: To qualify for the Nurse-Family Partnership (NFP) Program, a woman must:

- **Live in targeted area/county**
- **Have no previous live births, first child is less than one month old, or has not parented a child for more than 30 days**
- **Income is maximum of 200% above US poverty level (client and child)**
- **Be less than 28 weeks pregnant (strongly preferred), although referrals may be made after 28 weeks pregnant**

Ideally, an NFP nurse needs time to visit and obtain consent before the 28th week of pregnancy.

Instructions: Complete **Part 1** and **Part 2** of form. Fax to the Weld County NFP site and notify the site if sending the referral via fax (HIPAA requirement). Fax No: **970-304-6416**

Date: ____/____/_____ Can also ENCRYPT email form to: dgarvey@weldgov.com

Part 1

Patient/Client Information

Name: _____ **Birth Date** / / **# of Weeks Pregnant:** **Age:** _____

Confirmed with Pregnancy Test?
☐ Yes , Date / / ☐ No

Expected Delivery Date: / /

Uses Tobacco ☐ Yes ☐ No ☐ Prior

Uses Drugs ☐ Yes ☐ No ☐ Prior

Address: _____

Enrolled in Medicaid? ☐Yes ☐No

Speaks English? ☐ Yes ☐ No

Specify language _____

City: _____ **Zip:** _____

Client Lives With: _____

Primary Care Provider: _____

Cell Phone #
☐ Declined to provide cell phone #

Home Phone #

Work Phone#

Client agrees to referral to NFP & provision of pregnancy: information: ☐ Yes ☐ No

First time client will be parenting a child? ☐ Yes ☐ No – **If No, please explain** _____

Other Pertinent History/Psychosocial Issues: _____

Part 2

Referring Agency/Practice Information

Agency/Practice Name, Facility or Division: _____

Part 3

Address: _____ Zip: _____

Referring Staff Name: _____ Title: _____ Phone #: _____

Email: _____

To Be Completed by the Nurse-Family Partnership Site

NHV: _____ Date Assigned: _____ Date of 16th Week: _____

Attempted Phone Contacts:

1. Date: _____ 2. Date: _____

Information Packet &/or Letter Sent:

Date: _____

Disposition of Referral:

☐ 1. **Enrolled in NFP Program** **Date of Enrollment: / /**

☐ 2. Refused Participation ☐ 3. Unable to Locate ☐ 4. Did not meet NFP program criteria **Why?**

☐ 5. Program Full ☐ 6. Unable to serve client due to language

Comments:

Weld County Department of Public Health & Environment
1555 N. 17th Avenue
Greeley, CO 80631
Phone: 970-304-6417 Fax: 970-304-6416

Nurse-Family Partnership
Helping First-Time Parents Succeed®