



**PUBLIC HEALTH**  
MATERNAL & CHILD HEALTH

**LANE COUNTY PUBLIC HEALTH  
MATERNAL CHILD HEALTH  
PROVIDER REFERRAL FORM**

Fax to 541-682-3925 or call 541-682-8720

**Person Making Referral** [name & agency] \_\_\_\_\_

**Today's Date** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_

**Person Being Referred** \_\_\_\_\_ **DOB** \_\_\_\_\_

**Parent/Guardian (if child)** \_\_\_\_\_ **DOB** \_\_\_\_\_

**Home Address** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Text ok?**  YES  NO **Insurance**  OHP  Private  None  Don't know

**Alternate/Message Ph#** \_\_\_\_\_ **Primary Language** \_\_\_\_\_

**PCP/OB** \_\_\_\_\_ **Ethnicity** \_\_\_\_\_

**Pregnancy: EDD** \_\_\_\_\_ **Total # pregnancies** \_\_\_\_\_ **# live births** \_\_\_\_\_

**REQUIRED:** Client/Family aware of referral and verbal consent given to contact?  YES  NO

**PRESENTING ISSUES:**

Parent/Child Social Risk Factors

- \_\_\_ Limited income/resources
- \_\_\_ Isolation/lack of support
- \_\_\_ Unstable/unsafe housing
- \_\_\_ Developmental Delays
- \_\_\_ Current/Hx Child Welfare
- \_\_\_ Teen Parent
- \_\_\_ Risk of maternal depression
- \_\_\_ Parent/Caregiver Concerns
- \_\_\_ Domestic Violence
- \_\_\_ Alcohol abuse

\_\_\_ Illegal drug use

\_\_\_ Misuse of Rx drugs

\_\_\_ Tobacco use

Prenatal/Pregnancy

- \_\_\_ 1st visit >16w pg
- \_\_\_ Known/suspect genetic issue
- \_\_\_ Twin/triplet pregnancy
- \_\_\_ Hx of pregnancy loss
- \_\_\_ Hx of low wt/preemie birth
- \_\_\_ Hx of/current complications
- \_\_\_ Nutritional issues (describe)
- \_\_\_ Mental health issue

Child Health

- \_\_\_ Complex medical condition (describe, use AB codes on reverse)
- \_\_\_ Delayed growth/development
- \_\_\_ Prematurity <37 weeks
- \_\_\_ Nutritional concerns (describe)
- \_\_\_ substance exposed infant
- \_\_\_ Failure to thrive

*If your concerns are not listed please call to discuss referral*

**Descriptions/Additional Comments:** \_\_\_\_\_

*MCH Program use only*

**FEEDBACK FOR REFERRING PROVIDER**

**Client/Family is getting services:**

- \_\_\_ Nurse-Family Partnership **OR**
- \_\_\_ Babies First!      \_\_\_ Declined services
- \_\_\_ CaCOON              \_\_\_ Unable to contact
- \_\_\_ Healthy Families    \_\_\_ Referred to:
- \_\_\_ Maternity Case Management

## Benefits of Home Visiting Programs

- |  |   |  |
|--|---|--|
| <ul style="list-style-type: none"> <li>◇Evidence based and evidence informed</li> <li>◇Associated with positive outcomes for children and families</li> <li>◇Better compliance with medical provider's instructions</li> <li>◇Care coordination/care management</li> <li>◇Ongoing health and psychosocial assessments</li> </ul> | <ul style="list-style-type: none"> <li>◇Anticipatory guidance and preventative services based on need</li> <li>◇Early identification of problems and swift intervention</li> <li>◇Reductions in risk factors that lead to chronic conditions</li> <li>◇Improvements in HEDIS and other quality metrics</li> </ul> | <ul style="list-style-type: none"> <li>◇Meet with clients in their home or in the community, including rural areas</li> <li>◇Interpreters available in person and over the phone</li> <li>◇Therapeutic nurse-client relationships</li> <li>◇Comprehensive in design to address multiple needs in one visit</li> <li>◇Continuity, one nurse for one family</li> </ul> |
|--|---|--|

### **Babies First!**

(Priority given to birth to 3 years of age)

- A1. Drug exposed infant (See A29)
- A2. Infant HIV positive
- A3. Maternal PKU or HIV positive
- A4. Intracranial hemorrhage (excludes Very High Risk Factor B16)
- A5 Seizures (excludes VHR Factor B18) or maternal history of seizures
- A6. Perinatal asphyxia
- A7. Small for gestational age
- A8. Very low birth weight (1500 grams or less)
- A9. Mechanical ventilation for 72 hours or more prior to discharge
- A10. Neonatal hyperbilirubinemia
- A11. Congenital infection (TORCH)
- A12. Central nervous system infection (e.g., meningitis)
- A13. Head trauma or near drowning: monitoring change
- A14. Failure to grow
- A16. Suspect vision impairment: monitoring change
- A18. Family history of childhood onset hearing loss
- A24. Prematurity
- A25. Lead exposure
- A26. Suspect hearing impairment: newborn hearing screen REFER
- A29. Alcohol exposed infant

### **CaCoon**

(Priority given to birth to 3 years of age or a new diagnosis)

#### Diagnoses

- B1. Heart disease
- B2. Chronic orthopedic disorders
- B3. Neuromotor disorders including cerebral palsy & brachial nerve palsy
- B4. Cleft lip and palate & other congenital defects of the head and face
- B5. Genetic disorders (i.e., cystic fibrosis)
- B6. Multiple minor physical anomalies
- B7. Metabolic disorders
- B8. Spina bifida
- B9. Hydrocephalus or persistent ventriculomegaly
- B10. Microcephaly & other congenital or acquired defects of the CNS including craniosynostosis
- B12. Organic speech disorders (dysarthria/dyspraxia)
- B13. Hearing loss
- B23. Traumatic brain injury
- B24. Fetal Alcohol Spectrum Disorder
- B25. Autism, Autism Spectrum Disorder
- B26. Behavioral or mental health disorder with developmental delay
- B28. Chromosome disorders (e.g., Down syndrome)
- B29. Positive newborn blood screen
- B30. HIV, seropositive conversion
- B31. Visual impairment

#### Very High Risk Medical Factors

- B16. Intraventricular hemorrhage (grade III, IV) or cystic periventricular leukomalacia (PVL) or chronic subdurals
- B17. Perinatal asphyxia accompanied by seizures
- B18. Seizure disorder
- B19. Oral-motor dysfunction requiring specialized feeding program (gastrostomies and/or failure to grow, both organic and non-organic)
- B20. Chronic lung disease (e.g., on oxygen, infants with tracheostomies)
- B21. Suspect neuromuscular disorder including abnormal neuromotor exam at NICU discharge

#### Developmental Risk Factors

- B22. Developmental delay

#### Other

- B90. Other chronic conditions not listed