



Macomb County Health Department

43525 Elizabeth Rd.

Mt. Clemens, MI 48043

Phone: 586-469-5520 Fax: 586-469-5885

Referral for Public Health Nursing Services

Parent/ Guardian Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: F / M

Marital Status: S / W / M / D / SEP Name of Spouse/ SO: \_\_\_\_\_

Address: \_\_\_\_\_ Apt # \_\_\_\_\_ Phone #: \_\_\_\_\_

Zip \_\_\_\_\_ Cell/ Alt #: \_\_\_\_\_

Type of Insurance: \_\_\_\_\_ / None Race: \_\_\_\_\_

Prenatal Care Onset: \_\_\_\_\_

Infant / Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: F / M

EDC: \_\_\_\_\_ WK Gest.: \_\_\_\_\_ Birth Weight: \_\_\_\_\_ Length: \_\_\_\_\_ HC: \_\_\_\_\_

Apgar: 1 min: \_\_\_\_\_ 5 min: \_\_\_\_\_ Vag / C-Section Hospital: \_\_\_\_\_

Race: \_\_\_\_\_

If Multiple:

Infant/ Child's Name: \_\_\_\_\_ Sex: F / M

Birth Weight: \_\_\_\_\_ Length: \_\_\_\_\_ HC: \_\_\_\_\_ Apgar: 1 min: \_\_\_\_\_ 5 min: \_\_\_\_\_

Reason For Referral:

- New Parents \_\_\_\_\_ -Resources Education \_\_\_\_\_
-Antepartum Education \_\_\_\_\_ -Safety \_\_\_\_\_
-Growth & Development Education \_\_\_\_\_ -Feeding / Nutrition \_\_\_\_\_
-Postpartum Education \_\_\_\_\_ -Lead Education \_\_\_\_\_
-Teaching Re: \_\_\_\_\_
-Medical Dx: \_\_\_\_\_

History / Notes (Medical, psychosocial/ family, pregnancy, special problems/ complications):

Lab Data (ie. lead levels):

Current Community Resources/ Supports/ Other Referrals Made:

\_\_\_\_\_ DHS \_\_\_\_\_ CPS \_\_\_\_\_ WIC \_\_\_\_\_ CSHCS \_\_\_\_\_ Early On \_\_\_\_\_ Other: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Practice: \_\_\_\_\_ Last Seen: \_\_\_\_\_ Rtn Appt: \_\_\_\_\_

Referred By: \_\_\_\_\_ Agency: \_\_\_\_\_

Date: \_\_\_\_\_ Ph #: \_\_\_\_\_ Is Family Aware of Referral? YES / NO

MCHD OFFICE USE

Date: \_\_\_\_\_ Record #: \_\_\_\_\_ FF#: \_\_\_\_\_ Baby #: \_\_\_\_\_

MCHD INFO: Referral taken by: \_\_\_\_\_

Assigned RN: \_\_\_\_\_