



Date: \_\_\_\_\_ Referred by/Office/Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

Does this individual live in Marion County? ☐ YES-continue with referral ☐ No-contact the county of residence

**Medical providers may send a demographic page and medical records in lieu of completing this form.**

### CONTACT INFORMATION FOR INDIVIDUAL YOU ARE REFERRING

First: \_\_\_\_\_ Last: \_\_\_\_\_ DOB: \_\_\_\_\_ ☐ Male ☐ Female  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact phone number: \_\_\_\_\_ ☐ Family willing to accept texts(SMS)  
Email: \_\_\_\_\_ ☐ Family willing to accept emails  
Family spoken language \_\_\_\_\_

### HOUSEHOLD CONTACTS

(Provide parent/caregiver/guardian names for eligible children. Provide partner's/support person's information for eligible pregnant women)

NAME \_\_\_\_\_ Relationship to client \_\_\_\_\_ DOB \_\_\_\_\_  
NAME \_\_\_\_\_ Relationship to client \_\_\_\_\_ DOB \_\_\_\_\_

### INSURANCE FOR THE INDIVIDUAL

Type of insurance \_\_\_\_\_ ☐ NO INSURANCE  
GROUP Number \_\_\_\_\_ ID Number \_\_\_\_\_

### HEALTHCARE/PROVIDER INFORMATION

Provider/Clinic \_\_\_\_\_ Telephone: \_\_\_\_\_

### REASON FOR REFERRAL-Select all that apply for the family

Individual is a...	Services offered....
<input type="checkbox"/> PREGNANT WOMAN	prenatal education, case management services during pregnancy
<input type="checkbox"/> WOMAN POSTPARTUM <12 WEEKS	postpartum health assessment, case management needs assessment
<input type="checkbox"/> NEWBORN UNDER 12 WEEKS	newborn health assessment, case management needs assessment

Individuals with the following conditions are offered ongoing growth/development screening and/or case management services.

<input type="checkbox"/> PREMATUREITY	<input type="checkbox"/> SGA/FAILURE TO GROW
<input type="checkbox"/> SUSPECTED HEARING LOSS	<input type="checkbox"/> COMPLICATION AT BIRTH AT RISK FOR DEVELOPMENTAL DELAYS
<input type="checkbox"/> CHILD WITH PARENT EXPERIENCING MENTAL HEALTH CONDITIONS, SDOH OR FINANCIAL RISKS FACTORS, OR MEDICAL CONDITIONS PUTTING THE CHILD AT RISK FOR DELAYS IN GROWTH OR DEVELOPMENT <b>(PLEASE EXPLAIN IN "OTHER" SECTION BELOW OR SEND CHART NOTES)</b>	
<input type="checkbox"/> EXISTING MEDICAL DIAGNOSIS	
CONDITION _____	
DIAGNOSIS CODE _____	

OTHER REASONS FOR REFERRAL, EXPLAIN:

\_\_\_\_\_  
\_\_\_\_\_



## **Marion County Health & Human Services Early Childhood Nursing Services**



The Early Childhood Nursing Team offers help to pregnant women, young children, and families. A public health nurse with special training will visit you in your home. The nurse can help you find answers to questions about your pregnancy, your child's health and care, and your family's well being. There is no charge to you for these services.

### **Babies First Program**

Has expanded to include pregnant women, primary caregivers of children 0-through four years old. The nurse can:

- Plan with you for a healthy pregnancy.
- Discuss your diet during pregnancy.
- Share information about pregnancy, your growing baby, and labor and delivery.
- Plan with you for the first few months after the birth of your baby
- Answer questions about keeping your child healthy and seeing the doctor for well-child and sick care.
- Help you find a health care provider and/or apply for the Oregon Health Plan.
- Make sure that your baby can hear and see.
- Help you learn what your baby is telling you before he/she can talk.
- Show you ways to help your child grow and develop.
- Help you make your home and car safe for your child.
- Work with you to solve problems that affect your family's health.
- Check your child's development
- Help you find resources for needs as they occur.

### **CaCoon (Care Coordination) Program**

This is a program for families with children who have special needs. Along with the services listed above the nurse will:

- Answer your questions about your child's health needs and special care.
- Help you find special services your child may need.
- Help you talk with specialists and clinics where your child receives care.
- Show you ways to make your child's health and growth the best they can be.
- Help you prevent problems that may be common for children with your child's special health need.

### **Family Connects**

The program supports the health and well-being of newborns and their families. Visits begin at about three weeks after birth.

- Parent and Baby health check
- Breastfeeding and bottle feeding support
- Talk about changes and things to expect
- Support with bathing, crying and sleeping
- Talk about what to expect as baby grows
- Exploring child care options
- Home safety, parenting and resources
- Playgroups and parent support groups
- Community connections as baby grows