

### REFERRAL FOR PHN PRENATAL CARE COORDINATION(PCC) SERVICES

Free Public Health Nurse case management services for women at risk for a poor birth outcome

WIC# \_\_\_\_\_ MA# \_\_\_\_\_ URGENT  Yes  No Today's Date: \_\_\_\_\_

Language:  English  Spanish  Hmong  Albanian  Russian  Other \_\_\_\_\_

Race:  Black  White  Asian  Nat. American  Mixed  Unk. Ethnicity:  Hispanic  Non-Hispanic

	Last	First	DOB	EDD
MOM NAME:				
NEWBORN:				<input type="checkbox"/> M <input type="checkbox"/> F

Client Informed:  Yes  No

Address: \_\_\_\_\_ City: \_\_\_\_\_ Apt. #: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Message) \_\_\_\_\_ Best time to call: \_\_\_\_\_

MD/CLINIC: \_\_\_\_\_

**Perinatal Risk Factors and Postpartum Conditions**

- History of pre-term labor or low birth weight baby
- Underweight (Pre-pregnancy BMI <19.8) and/or poor weight gain/weight loss
- Overweight (Pre-pregnancy BMI >26.1) and/or excessive pregnancy weight gain
- Depression/History of Depression (including prenatal/postpartum) or other mental health problems
- Diabetes/Pre-diabetes: current or past gestational diabetes
- Hypertension: current or past pregnancy-induced hypertensive disorder (including pre-eclampsia)
- Asthma, particularly if assessed as being poorly controlled (use Asthma Control Test)
- Serious oral health problem (pain, swelling, drainage)
- STI, HIV/AIDS or STI/HIV risk
- Current or history of alcohol or  drug abuse
- Current or recent history of cigarette smoking

**General Risk Factors**

- Under 18 years of age
- Late (after 13<sup>th</sup> week); sporadic or no prenatal care
- Homeless or seriously unstable housing
- Cognitive or sensory limitations that may impact pregnancy
- Inability to manage perinatal risk factors

**Current Problem with Infant Feeding**

- Breastfeeding concerns
- Infant with significant feeding problems

- First Breath only** (Not PCC) - Tobacco use
- My Baby & Me only** (Not PCC) - "At risk" Alcohol use (current or 2 months prior to pregnancy)

**Comments:**


Person/Agency Referring: \_\_\_\_\_ Phone: \_\_\_\_\_

Response Requested :  Yes  No

Fax this form to Public Health Intake Nurse # 266-4858, Phone #266-4821