Public Health
Seattle & King County

**FAX NUMBERS:**
**Columbia: 206-205-0406**
**Downtown: 206-296-0184**
**Kent: 206-296-3300**

# Nurse Family Partnership

## Public Health-Seattle & King County Referral Form

*Patient Name:* *DOB:*

*Address:*

Cell phone: Other phone (specify):

Emergency Contact: Phone:

Provider One #(if known) Private Insurance ☐ **Y** ☐ **N**

***Race*** (check all that apply)
☐ Asian
☐ Black/African American
☐ American Indian/Alaska Native
☐ Pacific Islander
☐ White
☐ Unknown

***Ethnicity***
☐ Hispanic
☐ Non-Hispanic
☐ Unknown

***Interpreter Needed*** ☐**Y** ☐ **N**
Language Spoken:______________
***Veteran?*** ☐**Y** ☐ **N**

**Referred by:** (Name of person calling or making the referral)

**Agency:** (name of agency where referral source works)

**Date of referral:** (Date form filled out)

**Phone:** **Fax:**
**Email:**

**Nurse to contact the referent before/after family contact:** ☐ **YES** ☐ **NO**

**Estimated Due Date:**

**Number of live births:**

**Mom's Health Care Provider:**

**Health Care Provider phone number:**

**CRITERIA:**
- ☐ **First Time Mom under 26 wks pregnant**
- ☐ **Less than 25 years old (No age limit – City of Seattle)**
- ☐ **Eligible for Medicaid (Apple Health)**

**Additional Information:** (i.e. social & family history, mental health concerns, parental concerns)

______________________________________________________________________

______________________________________________________________________

**Referred by:**
Name: ___________________________________
Agency: __________________________________
Contact phone: ____________________________
Would you like to be contacted when PHN is assigned?
☐ Yes ☐ No
Is patient/family aware of referral? ☐ Yes ☐ No

**Patient approval for texting:**
*I agree to get text messages from Public Health – Seattle & King County to tell me about the services available to me. No more than 2 messages will be sent to me if I don't reply.*
Patient signature _______________________________
Date ____________________
Text messages may expose your personal information. Please password-protect your phone.

☐ **YES** ☐ **NO** CLIENT INFORMED OF NFP REFERRAL

☐ **OK TO CALL** & LEAVE MESSAGE at ABOVE PHONE NUMBER(S)

Public Health
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**Nurse Family Partnership Referral**

Referral Tab

Client Name: ________________________________
HR #: ______________________________________
D.O.B.: ____________________

MSS/WIC
Public Health – Seattle & King County
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Seattle, WA 98104-1818
Phone: 206-477-6262
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