



- BARRON COUNTY HEALTH & HUMAN SERVICES
- CHIPPEWA COUNTY PUBLIC HEALTH
- DUNN COUNTY HEALTH DEPARTMENT
- EAU CLAIRE CITY-COUNTY HEALTH DEPARTMENT
- MARATHON COUNTY HEALTH DEPARTMENT

Western Wisconsin Nurse-Family Partnership Consortium

## PREGNANCY REFERRAL FORM

(Please fax to appropriate county listed below)

Patient/Client Information:					
Name:			Age:		Birthdate:
Any previous live births? <input type="checkbox"/> Yes <input type="checkbox"/> No		Expected Delivery Date:		# of Weeks Pregnant:	
Address:			Apt.:	City:	
			Zip:		Speaks English? <input type="checkbox"/> Yes <input type="checkbox"/> No
Cell Phone		OK to Text: <input type="checkbox"/> Yes <input type="checkbox"/> No			If No, specify language:
E-Mail:			OK to E-Mail: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Emergency Contact Person:		Relationship to Patient/Client:		Cell Phone:	
				Work Phone:	
<b>Patient agrees to be referred &amp; gives permission to share the information above regarding her pregnancy:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					
Referring Agency/Practice Information:					
Agency name:				Fax Number:	
Referring Staff Name:			Title:		Phone:
Staff Signature:			Date:		
Comments:					

**Nurse-Family Partnership (NFP):**



Pregnant with risk factors, low-income, residents of Eau Claire, Chippewa or Dunn County

**WIC:**

Women, Infant, Children Nutritional Program

To be Completed by the Health Department		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> Enrolled in NFP  <input type="checkbox"/> Enrolled in WIC  <input type="checkbox"/> Refused to Participate in NFP  <input type="checkbox"/> Refused to Participate in WIC  <input type="checkbox"/> Unable to Locate  <input type="checkbox"/> Ineligible because:  <div style="margin-left: 20px;"> <input type="checkbox"/> Did not meet NFP criteria  <input type="checkbox"/> Did not meet WIC criteria           </div> <input type="checkbox"/> Other: _____         </div> <div style="width: 35%;">           Date of Enrollment: _____            Date of Enrollment: _____         </div> </div>		
Staff Signature and Title:		Phone:
		Date:

