

Referral for Nurse Home Visiting

Richland County

☐ **Maternal Child Health: (MCH)** Any postpartum woman with risk factors marked below
Public Health Nurse outreach to family.

Today's Date: _____

Client Informed of Referral: ☐ Yes ☐ No

OK to text: ☐ Yes ☐ No

Low Income: ☐ BadgerCare/Medicaid ☐ Enrolled in WIC

Language: ☐ English ☐ Spanish

| | Last | First | DOB | EDD |
|----------------|------|-------|-----|---|
| MOTHER | | | | |
| INFANT/CHILD 1 | | | | <input type="checkbox"/> M <input type="checkbox"/> F |
| INFANT/CHILD 2 | | | | <input type="checkbox"/> M <input type="checkbox"/> F |

Address: _____ Apt. #: _____ City: _____ Zip: _____

Phone Number: _____ Email : _____ County: _____

Perinatal Risk Factors and Postpartum Conditions

- ☐ Depression/History of Depression (including prenatal/postpartum) or other mental health problems
- ☐ Diabetes/Pre-diabetes: current or past gestational diabetes
- ☐ Hypertension: current or past
- ☐ Current or history of alcohol OR ☐ drug abuse
- ☐ Current or recent history of *tobacco/marijuana smoking*
- ☐ History of pre-term labor or low birth weight baby
- ☐ History of fetal/neonatal death

General Risk Factors

- ☐ Single
- ☐ Not a High School graduate
- ☐ Housing Concerns
- ☐ Intimate Partner Violence
- ☐ Cognitive or sensory limitations

Current Problems with Infant

- ☐ Infant with significant feeding problems
- ☐ Birth Wt: _____ Discharge Wt: _____
- ☐ Other: _____

Person/Agency Referring: _____ Phone: _____

Response Requested: ☐ Yes ☐ No

Send this form to Richland County Public Health:

- Fax: 608-647-6611
- Email: PublicHealth@co.richland.wi.us
- Phone: 608-647-8821

Comments/Breastfeeding updates: