

# COMMUNITY AND NURSING SERVICES

## Referral Form



**FAX:** (714) 834-7780  
**PHONE:** (714) 834-7747  
**EMAIL:** [PublicHealthNursing@ochca.com](mailto:PublicHealthNursing@ochca.com)  
For CalWORKs and CalLearn, contact your SSA case worker.

Date of Referral: \_\_\_\_\_  Self-Referral

**Referral Agency:**

Agency: \_\_\_\_\_ Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Client Name:** \_\_\_\_\_ **Medi-Cal/CIN # (if applicable):** \_\_\_\_\_

**DOB:** \_\_\_\_\_  Male  Female  Other: \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street Apt. # City State Zip Code

**Home Phone #:** \_\_\_\_\_ **Mobile Phone #:** \_\_\_\_\_

**Primary Language Spoken:** \_\_\_\_\_

**Ethnicity:**  Hispanic or Latino  Not Hispanic or Latino  
**Race:** *Select all that apply:*  American Indian or Alaskan Native  Asian  Black or African-American  White  Native Hawaiian or Other Pacific Islander

**Does Client/Parent/Guardian Know About This Referral?:** (if applicable)  Yes  No

**Parent/Guardian Name:** (if applicable) \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Client Population:**

**Homeless**  
Location:  Shelter  Motel  Street  Car  
Cross Streets & City: \_\_\_\_\_

**Pregnant**  
First-Time Parent?  Yes  No  
Due Date: \_\_\_\_\_  
Prenatal Care?  Yes  No

**Postpartum**  **Parenting**  **Newborn**

**Medically High-Risk Newborn**  
Parent's Name: \_\_\_\_\_  
Parent's DOB: \_\_\_\_\_  
Child's Name: \_\_\_\_\_  
Child's DOB: \_\_\_\_\_ Gest. Age: \_\_\_\_\_  
Birth Weight: \_\_\_\_\_  
Discharge Weight: \_\_\_\_\_

**Concerns:**

Accessing Medical Care  
 Breastfeeding  
 Education/School  
 Financial  
 Growth & Development  
 Health Coverage/Insurance  
 Housing  
 Medication  
 Mental Health: (Specify) \_\_\_\_\_  
 Substance Use: (Specify) \_\_\_\_\_  
 History  Current  
 Transportation  
 Other: \_\_\_\_\_

**Requested Program, if known:**  AFLP  CHAT-H  NFP  PACT

**Brief Description of Reason for Referral:**

RL1/2/2022

**For Office Use Only:**  New: \_\_\_\_\_  Active—PHN Name/CID #: \_\_\_\_\_  Inactive—CID #: \_\_\_\_\_