

Kern County Public Health Department
Public Health Nursing Referral • Phone 661-868-0502 • Fax 661-868-0218

Please inform patient al	I services offered by the	Dep	eartment of Public Health are com	npletely v	oluntar	γ.						
Referring Agency/Provider												
GENCY PRIMARY REFERRER												
ADDRESS	DRESS DATE OF REFERRAL											
CITY ST.	ATE ZIP		PHONE	FAX								
	Clien	t Inf	ormation									
LAST	ST FIRST			DOB S			F					
INSURANCE	PRIMARY LANGUA	GE	PHONE		RACE							
ADDRESS	CITY		STATE		ZIP							
PARENT/GUARDIAN (FULL NAME) IF APPLICABLE			DOB									
Failure to complete the following sections below can result in a denial of the referral and delay services to the patient.												
Is the patient/parent/guardian awa	re that referral to Public	Ith has been made? (Required)	Yes		No							
Has the patient been referred to ot	her agencies? Yes		No Which agencies?									
Please indicate what type of referral below (REQUIRED)			Services requested from a Public Health Nurse (REQUIRED)									
High Risk Infant												
High Risk Child			Health Education									
Postpartum/Birth Control/Family Planning			Linkage to Services									
Disease Prevention/Chronic Condition			Needs Medical Home									
Prediabetes			Food Insecurity									
Diabetes			Unstable Housing									
Asthma												
Hypertension												
Obesity/Nutrition												
Frequent Ambulance/Emergency Room Usage												
Other:												
* Note details, dates, toxicology scr			oecific program requests below in <i>Rec</i> ontrol of the offered by KCPHD.	ason for Re	eferral. P	lease se	e					
IMPORTANT: Please consider refe	rring to <u>Mental Health</u> , <u>C</u>	Child	Protective Services, or Adult Pro									
•			nay delay services in situations ne	eding im	mediat	e atten	tion.					
* Reason for Referral (include as r	nuch relevant informatio	n fo	r the patient as possible)									

KCPHD Use Only									
	Date Rec'd	Program Code	СТ	PHN	Date to PHN	ID#			

## Referral Guidance

IMPORTANT: Please consider referring to Mental Health, Child Protective Services, or Adult Protective Services when there is no direct public health concern. Referring to Public Health may delay services in situations needing immediate attention.

> Referrals must be encrypted if sent through email. The password should follow in a separate email.

- Programs offered through Kern County Public Health Services Department:
  - ≥ Black Infant Health (BIH) Case Management and group intervention sessions to educate and empower pregnant and mothering African American women in an effort to decrease health disparities. Must be 16 years old, African American, and pregnant.

Click here for the Black Infant Health Referral Form

≥ California Children's Services (CCS) — State program that helps children up to 21 years old with certain diseases or health problems to get health care and services they need and connects them with doctors and specialized health care people who knows how to care for their complex medical conditions. Click here for the California Children's Services Webpage

➤ Nurse Family Partnership (NFP) — 2-year program for expectant mothers to develop the skills to take better care of themselves and their babies. Must be eligible for Medi-Cal or Emergency Medi-Cal. Click here for the Nurse Family Partnership Webpage

**➢ Perinatal Outreach Program (POP)** — Free case management linking pregnant women to prenatal care for healthy pregnancy outcomes.

Click here for the Perinatal Outreach Program Referral Form

- > Public Health Nursing High risk infants, postpartum, adult and child chronic disease
  - Referrals for information on Birth Control within Public Health Nursing
    - Patient must be undecided on birth control methods to qualify
  - > Frequent Ambulance/Emergency Room Usage within Public Health Nursing
    - Utilize ER services more than 10 times in a 6 month period
    - At least 18 years old or older
    - Resident of Kern County

**Please note:** Public Health does not take cases where hygiene/home cleanliness is the only concern.

Below are some referrals we do not follow:

- Head lice
- ♦ Bed bugs
- Patients already linked to services
- ◆ Patients with no locating information
- ♦ History of violence towards Health Care Workers
- ♦ Acute illnesses (cold, cough, rash, stomach flu, etc.)
- Mental Health only, CPS or APS referrals
- ◆ No social issues and no sequelae of NICU admit
- Direct patient care (dressing changes, wound care, administer medications, etc.)
- Patient residing outside of Kern County
- Currently incarcerated