



Public Health

Brynn Carrigan - DIRECTOR
Kristopher Lyon, MD - HEALTH OFFICER



BLACK INFANT HEALTH REFERRAL FORM

PART I - To Be Completed by Referring Individual / Agency

Form containing fields for Client Name, Date of Referral, Client's Mother's First Name, Client DOB, Address, Zip Code, Telephone Number, Message Number, EDC (due date), Delivery Date, G/P, Care Site, Client's Email, Medical Insurance Provider, Referring Agency, Title, Name of Referrer, Contact Number, checkboxes for client information, and Any Immediate Concerns.

PART II - To Be Completed by Kern County Public Health - BIH Staff

Form containing FOLLOW-UP section with checkboxes for client status (accepted, declined, referred, enrolled, scheduled, unable to contact), ETO/Insight Case #, Date, Client Contact Letter Mailed (Yes/No), and FHA Assigned fields.

Please fax completed form to the BIH office at (661) 868-1291 within 72 hours

Grounded in Health