



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

Referring Agency/Provider

AGENCY _____ PRIMARY REFERRER _____

ADDRESS _____ DATE OF REFERRAL _____

CITY _____ STATE _____ ZIP _____ PHONE _____ FAX _____

Client Information

LAST _____ FIRST _____ DOB _____ SEX **M** **F**

INSURANCE _____ PRIMARY LANGUAGE _____ RACE _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PARENT/GUARDIAN (FULL NAME) IF APPLICABLE _____ DOB _____

Identified Risk Factors (mark all that apply)

Infant/Child		Adult	
Birth Weight (lbs, oz)		MATERNAL	
Birth Length (ft, in)		Gravida _____	Para _____ EDC _____
Apgars		Delivery <input type="checkbox"/> Vaginal <input type="checkbox"/> Cesarean <input type="checkbox"/>	
Gestational age ≤ 35 weeks	<input type="checkbox"/>	Drug Use (If Toxicology Screen done, note results below)	<input type="checkbox"/>
Toxicology Screen Done *	<input type="checkbox"/>	Medically High Risk *	<input type="checkbox"/>
Congenital Anomaly Requiring Ongoing Management *	<input type="checkbox"/>	Mental Health Diagnosis *	<input type="checkbox"/>
Persistent Respiratory Problems	<input type="checkbox"/>	Desires birth control/family planning/UPPP	<input type="checkbox"/>
Persistent Feeding Problems	<input type="checkbox"/>	CHRONIC CONDITION	
Discharged on Monitor(s)	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>
Discharged on Medication(s) *	<input type="checkbox"/>	Asthma	<input type="checkbox"/>
CPS Referral/Involvement *	<input type="checkbox"/>	Obesity	<input type="checkbox"/>
Other *	<input type="checkbox"/>	Frequent Emergency Room Use	<input type="checkbox"/>
		Other *	<input type="checkbox"/>
		ENVIRONMENTAL	
		Inadequate/Substandard Housing *	<input type="checkbox"/>

* Note details, dates, toxicology screen, other test results, and/or specific program requests below in *Reason for Referral*. Please see back for programs offered by KCPHSD.

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.

Reason for Referral (mark all that apply)

- Health education Home environment evaluation Comprehensive case management Linkage to services Needs medical home

KCPHSD Use Only

Date Received / /	Program Code	CT	TCM	Insight #
PHN/SPHN	Date to SPHN / /	SPHN Returned	Date to SPHN / /	

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- ◆ Referrals must be encrypted if sent through email. The password should follow in a separate email.
- ◆ Public Health does not take cases where hygiene/home cleanliness is the only concern.
- ◆ 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.
 - ◆ **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.
 - ◆ **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.
 - ◆ **Perinatal Outreach Program (POP)** — Free case management linking pregnant women to prenatal care for healthy pregnancy outcomes.
 - ◆ **Public Health Nursing** — High risk infants, post partum, adult and child chronic disease.
- ◆ To refer to **Unplanned Pregnancy Prevention Project** within Public Health Nursing:
Criteria:
 - 5 or more children
 - CPS History
 - Substance Abuse History
 - Limited/No Prenatal Care
- ◆ To refer to **Kern Get Connected** within Public Health Nursing. Must meet the following criteria:
 - Utilize ER services more than 10 times in a 6 month period
 - At least 18 years old or older
 - Resident of greater Bakersfield area