



**HEALTH AND HUMAN SERVICES AGENCY
MATERNAL CHILD & ADOLESCENT HEALTH
2751 Napa Valley Corporate Dr., Bldg. B, Napa CA 94558**

PUBLIC HEALTH NURSING & PERINATAL OUTREACH & EDUCATION

MAIN NUMBER (707) 253-4807 FAX NUMBER (707) 299-4009

A Tradition of Stewardship
A Commitment to Service

PHN

POE

Name of Client:						DOB	
Client's Medi-Cal #:					If Pregnant Due Date:		
G:	P:	Delivery Date:	<input type="checkbox"/> Vaginal	<input type="checkbox"/> C Section	Birth Wt:	APGARS:	
<i>if Client is a Minor Give Mother/Father/Guardian information:</i>						Home Phone #	
					DOB:		Cell Phone #
Address:				City:		Zip:	
Primary Language:		<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Other Language:			
Referring Person/Title:					Phone:		
Referring Agency:				Date:		Fax:	
<input type="checkbox"/> Client is aware of this referral							
Check if you are requesting referral update		<input type="checkbox"/> At point of contact			<input type="checkbox"/> At case closure		

Identified Issue:

<input type="checkbox"/> Prenatal	<input type="checkbox"/> Postpartum	<input type="checkbox"/> Child/Adolescent	<input type="checkbox"/> + Toxicology
<input type="checkbox"/> Depression/Mental Health	<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> High Risk	<input type="checkbox"/> Insulin
<input type="checkbox"/> No PNC/LTC	<input type="checkbox"/> Homeless	<input type="checkbox"/> Oral Meds	<input type="checkbox"/> DV
<input type="checkbox"/> NICU Admission	<input type="checkbox"/> Low Risk	<input type="checkbox"/> GDM Diet	<input type="checkbox"/> Other

Narrative/Additional Information:

Additional Agency Involvement

<input type="checkbox"/> CPS	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> COPE	<input type="checkbox"/> New Beginnings
<input type="checkbox"/> QMVMC/CO	<input type="checkbox"/> AFLP	<input type="checkbox"/> Probation	<input type="checkbox"/> Ole Health	Other
Please check attachments sent: <input type="checkbox"/> Patient(s) Face Sheet <input type="checkbox"/> Progress Note/Discharge Note			<input type="checkbox"/> Mother and Infant Initial Assessment(s) or H&P <input type="checkbox"/> Other: _____	

This message is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential, and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering the message in the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone, and return the original message to us at the address above via U.S. Postal Service,