

Public Health Nursing Referral Form

Early Start Services

Public Health Nursing Home Visiting Services for children birth to 3

with or at risk for any type of developmental delay. Public Health Nurses provide in-home assessment and ongoing care coordination to meet identified needs which arise due to complex medical and/or psucho-social conditions.

To: **Linda Mariscal, PHN**
Community Health & Prevention Services
Division of Public Health
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Child's Name: _____
Last First M.I.

DOB: _____ CURRENT AGE: _____ SEX: _____ BIRTH WT: _____

Mother's Name: _____ Father's Name: _____

AKA: _____ Foster/Guardian: _____

Home Address: _____
Address City Zip

Phone #'s: _____ Pediatrician: _____

Referral Source: _____ Phone #: _____

Provide Feedback to referral source: Yes No Contact Information: _____

Form Completed By: _____ Date Opened: _____

Translator needed: Yes No

Medical Factors:

- Prematurity (>32 weeks)
- Low birth weight (<2500)
- Any factors of significant concern: _____
- Diagnosed Condition: _____

Substance Abuse

- Parental history of substance abuse

Clinical/Behavior factors

- Clinically mild failure to thrive (FTT)

Social/Environmental Factors

- Pregnant woman 16 years or younger
- Suspected family history of abuse or neglect
- History of Child Protective Services involvement
- Mother's medical/emotional or mental health condition
- Any factors of significant concern: _____

Developmental Delay:

- Developmental delay which may be secondary to illness, surgery, medical complications

Describe _____

Maternal History

Gravida: _____ Para: _____ Age of Mother: _____ Prenatal Care Yes No Late (6 month) Unknown

Referred to GOLDEN GATE REGIONAL CENTER: Yes No 1-888-339-3305
Referred to MATRIX FAMILY RESOURCE CENTER: Yes No 415-475-2123
Referred to MARIN COUNTY OFFICE OF EDUCATION: Yes No 415-492-3555
Referred to CCS Yes No 415-473-6877