

# NURSE-FAMILY PARTNERSHIP REFERRAL FORM

**NOTE: To qualify for the Nurse-Family Partnership (NFP) Program, a woman must:**

- **Be less than 28 weeks pregnant**
- **Have no previous live births**
- **Be low-income**
- **Live in targeted area/county: 33024, 33025, 33023, 33319, 33313, 33311, 33069, 33060, 33064**

An NFP nurse needs time to visit and obtain consent before the 28<sup>th</sup> week of pregnancy.

**Instructions:** Complete **Part 1** and **Part 2** of form. Mail or fax to the patient's nearest NFP location and notify the site if sending the referral via fax (HIPAA requirement).

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Part 1

## Patient/Client Information

Name:		Age:	Birthdate / /	# of weeks Pregnant:
Confirmed with Pregnancy Test? <input type="checkbox"/> Yes, Date / / <input type="checkbox"/> No	LMP: / /	Expected Delivery Date: / /	Speaks English? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, Specify Language:
Address:	Apt:	Zip:	Medicaid I.D. #	Social Security #
Additional Address:	Apt.	Zip:		
Home Phone #:	Work Phone #:	Cell Phone #:	Email address:	
Emergency Contact Person:	Relationship to Patient/Client:	Contact's Home Phone #:	Work Phone #:	Cell Phone #:
Patient agrees to be referred to NFP & provide the information above regarding her pregnancy: <input type="checkbox"/> Yes <input type="checkbox"/> No		Patient's/Client's Signature:		Date: / /

Part 2

## Referring Agency/Practice Information

Agency/Practice Name, Facility or Division:	Date: / /
Address:	Zip:
Referring Staff Name:	Title:
	Phone #:

Part 3

## To Be Completed by the Nurse-Family Partnership Site

Disposition of Referral:	Date of Enrollment: / /
<input type="checkbox"/> 1. Enrolled in NFP Program	
<input type="checkbox"/> 2. Ineligible: <input type="checkbox"/> >28 Weeks Pregnant <input type="checkbox"/> Previous Live Birth <input type="checkbox"/> Unable to Locate <input type="checkbox"/> Other, Specify:	
<input type="checkbox"/> 3. Refused to Participate: <input type="checkbox"/> Yes <input type="checkbox"/> No If Refused, Reason:	
Comments:	
Completed by NFP Staff:	NFP Site:
	Date: / /

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