Waseca County Public Health
1000 W Elm Ave
Waseca MN 56093
507-835-0685
Fax: 507-835-0687

Public Health
Prevent. Promote. Protect.

Family Health Referral

Name: _____ Birthdate: _____

Address: _____ City: _____ Phone: _____

Spouse/Partner: _____ Relationship to Baby: _____

Family Support System at Home: _____

Preferred Language: _____ Interpreter Needed: ☐ Yes ☐ No

Referral From

Name: _____ Phone: _____

Facility or Relationship: _____ Referring M.D.: _____

Reason for Referral: _____

Risk Factors

- ☐ Marital Status: ☐single ☐ separated ☐divorced ☐widowed
- ☐ Unemployed spouse/partner
- ☐ Emergency contact is not an immediate family member
- ☐ Financial stress
- ☐ Unstable housing
- ☐ Education under 12 years
- ☐ Marital or family stresses
- ☐ History of depression, mental illness, or psychiatric care
- ☐ History of child adoption or relinquishment of adoption
- ☐ History of planned, spontaneous, or attempted abortion
- ☐ History of physical, sexual, or emotional abuse
- ☐ History of substance use or abuse
- ☐ Fetal abnormalities
- ☐ Previous preterm delivery or low birth weight baby
- ☐ Significantly underweight or overweight during pregnancy
- ☐ Chronic medical condition
- ☐ Last birth within one year
- ☐ Other_____

Pregnancy/Delivery Information

G: ____ P: ____ EDC: _____ Date Prenatal Care Began: _____ Delivery Date: _____

Gestational Age: _____ Birth Weight: _____ Discharge Weight: _____

Hospital: _____ Admit Date: _____ Discharge Date:_____

Delivery Type: _____ Pregnancy and/or Delivery Complications: _____

Baby's Name: _____ Baby's Sex: _____

Baby's Condition: _____

Feeding Concerns: _____

Enrolled In WIC: ☐ Yes ☐ No Baby is Receiving: ☐ Breast Milk ☐ Formula ☐ Both

Hearing Test: ☐Pass ☐Fail ☐Referral Made Date of Referral: _____ Audiologist: _____

Upcoming Appointment Date/Time: _____

Insurance/ Pay Source: _____

Other Agencies Involved: _____