



NURSE-FAMILY PARTNERSHIP

Whatcom County Health Department



Nurse-Family Partnership provides a nurse to work directly with a woman and her family from before birth until the baby is age two.

Referral Form

The Nurse-Family Partnership (NFP) Program enrolls women who:

- ✓ are less than 28 weeks pregnant
- ✓ will be a first time mom
- ✓ live in Whatcom County
- ✓ are WIC or Medicaid eligible (not a requirement for Lummi women)

PROVIDER MAKING REFERRAL _____ **Contact # for the provider** _____

FAMILY INFORMATION

Client's Name	Estimated Due Date	Date of Birth	Comments:
Address (including zip code)	Tel #	Alt Tel. or Message Phone #	

Primary Language Spoken At Home _____ **OK to Text Message?** _____ yes _____ no (please initial)
OK to Leave Message? _____ yes _____ no (please initial)

Is client first-time mother? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does client have a prenatal care provider? <input type="checkbox"/> Yes Name _____ <input type="checkbox"/> No	Is client receiving nurse home visits? <input type="checkbox"/> Yes Name _____ <input type="checkbox"/> No
Is client on WIC? <input type="checkbox"/> Yes Clinic Name _____ <input type="checkbox"/> No	Is client a part of the Lummi community? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please list any special concerns for the client.

I give my permission to share the information on this referral form with the Whatcom County Health Department. I also authorize the Whatcom County Health Department to request and/or share health information about myself and my child(ren) with my health care providers.

Signature of Client _____ Date _____

**Fax this referral form to the
Whatcom County Health Department at
360-778-6104**

Date Received _____
Nurse Assigned _____
Referral into Spreadsheet _____
Referral into ETO _____
Client enrolled__ Client declined__
No contact made _____

For questions or to receive more information about the program, contact Elizabeth Allen at 360-778-6131.