### Alameda County Health Care Services Agency

**Public Health Nursing Referral Form**

1000 Broadway, 5th Floor, Oakland, CA 94607

Pre-Eligibility Unit: (510) 577-7080  FAX: (510) 383-5060

Alternate contact: Pre-Eligibility Social Worker  
510-383-5048

**Date Received by PHN:**

**Client Aware of Referral:**

[ ] Yes  [ ] No

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**REFERRAL SOURCE**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Title:</th>
<th>Relationship/Agency/School</th>
<th>Phone Number:</th>
<th>Fax Number:</th>
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**CLIENT INFORMATION**

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name</th>
<th>MI</th>
<th>Social Security #:</th>
<th>Medi-Cal #:</th>
<th>Date of Birth #:</th>
<th>Current Address and City</th>
<th>Zip Code</th>
<th>Primary Language:</th>
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<thead>
<tr>
<th>Home Phone #:</th>
<th>Cell Phone #:</th>
<th>Message Phone #:</th>
<th>Email Address:</th>
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<tr>
<th>Medical Provider:</th>
<th>Insurance Provider:</th>
<th>EDD:</th>
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**PARENT/GUARDIAN (if client is a child)**

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<tr>
<th>Last Name:</th>
<th>First Name</th>
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<th>Social Security #:</th>
<th>Medi-Cal #:</th>
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<thead>
<tr>
<th>Current Address and City: (If different than client)</th>
<th>Zip Code</th>
<th>School Child(ren) Attend(s)</th>
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**Step 1:** Population Category (please select only one category per referral):

[ ] Infant/Child (all criteria must be met)  
- Under the age of 21 years
- High risk of medical compromise

[ ] Medically Fragile (all criteria must be met)  
- 18 years of age or older
- Multiple diagnoses (2 or more), please note in comments section
- High risk of medical compromise

[ ] Institutional Risks (all criteria must be met)  
- 18 years or older and in frail health
- Transitioning to community within 180 days
- High risk of medical compromise

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**Step 2:** High Risk of Medical Compromise (Check one or more):

[ ] Fails to use health services
[ ] Noncompliance with medical regime
[ ] Inability to handle personal/medical affairs
[ ] Lacks coordination of medical/social services
[ ] Lacks community support
[ ] Comprehension/language barriers
[ ] Substance abuse
[ ] A victim of abuse/neglect/violence
[ ] Other

**Step 3:** Assistance With / Linkage to Resources: (Check one or more)

- Covered California / Medi-Cal / Health Insurance Applications
- Locating a Doctor / Dentist
- Scheduling Appointments - Medical / Dental / Specialty Services
- Breastfeeding Support
- Childcare
- Counselors/Therapists
- Educational Opportunities
- Employment Opportunities

**Step 4:** Comments (Brief, detailed description / explanation of reason(s) for referral)

For Medically Fragile client referral, please list diagnoses below:

<table>
<thead>
<tr>
<th>Diagnosis 1:</th>
<th>Diagnosis 2:</th>
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Referral Source- Please check if you want a return contact from the:  
[ ] Pre-Eligibility Unit  [ ] Assigned Field Nurse or Outreach Staff

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12/1/2016