

# NURSE REFERRAL



- BARRON COUNTY HEALTH & HUMAN SERVICES
- CHIPPEWA COUNTY PUBLIC HEALTH
- DUNN COUNTY HEALTH DEPARTMENT
- EAU CLAIRE CITY-COUNTY HEALTH DEPARTMENT
- MARATHON COUNTY HEALTH DEPARTMENT

Western Wisconsin Nurse-Family Partnership Consortium | [www.greatfamilywi.org](http://www.greatfamilywi.org)

PHONE: 715-261-1900

FAX: 715-261-1901

EMAIL: GREATFAMILYWI@CO.MARATHON.WI.US

## Client Information

First Name:	Middle Initial:	Last Name:	Date of Birth:
Primary Language:			Due Date:
Partner and/or other support: (if applicable)			
Any previous live births? <input type="checkbox"/> Unsure <input type="checkbox"/> No, this is mom's 1st baby. <input type="checkbox"/> Yes, this is baby number...			
Address:		City, State, Zip:	
County: <input type="checkbox"/> Chippewa <input type="checkbox"/> Dunn <input type="checkbox"/> Eau Claire <input type="checkbox"/> Marathon <input type="checkbox"/> Other:			
Phone Number(s):		Email:	

### BEST WAY TO REACH CLIENT:

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> Phone Call   | <input type="checkbox"/> Okay to leave message.                |
| <input type="checkbox"/> Text Message | <input type="checkbox"/> Confidential: DO NOT leave a message. |
| <input type="checkbox"/> Email        |  |

### ANY ADDITIONAL INFORMATION:

### BEST TIME/DATE TO REACH CLIENT:

## Referral Source

Today's Date:	Referring Yourself? <input type="checkbox"/> Yes
If checked "Yes", no need to fill out the lines below.	
Person Referring:	
Agency/Program:	
Title:	
Phone Number:	
Fax:	
Email:	

**CLIENT UNDERSTANDS** that filling out this form and submitting their contact information does not guarantee a place in the program and is consent to have their information forwarded to Western Wisconsin Nurse-Family Partnership Consortium to see if they can receive a personal nurse.

### NFP USE ONLY:

<input type="checkbox"/> Did not meet NFP Criteria	PHN's Initials: _____
<input type="checkbox"/> Enrolled NFP. Enrollment date: _____	Date: _____
<input type="checkbox"/> Declined NFP Services	
<input type="checkbox"/> Unable to Locate	
<input type="checkbox"/> Other: _____	

