Public Health-Seattle & King County Referral Form

FAX Referrals to 206 296-4679

Pt. ID _____ ***Name:*** _____
(Last) (First) (MI)

Address _____

City _____ ***Zip*** _____ ***DOB*** _____

SS# _____ Marital Status _____ ***Gender*****:** M/F

Home phone _____ Work phone _____

PIC # _____ HO Plan _____ Private Insurance Y/N

Message phone_____ School year completed _____

Family Size _____ Income _____

Emergency Contact _____ Phone _____

***Race* (circle all that apply)**
Asian
Black/African American
Native American/Alaska Native
Pacific Islander
Unknown
White

***Ethnicity* (circle one)**
Hispanic
Non-Hispanic
Unknown

Interpreter Needed **Y/N**
If Yes: Language_____

Referred by:

_____ _____
Name of person (calling or making the referral) Agency (name of agency where referral source works)

Date of referral_____ Phone _____FAX _____
(date form filled out)

Agency Type: HOSPITAL PROVIDER SOCIAL SERVICE HEALTH DEPT. SELF/INDIV CPS SCHOOL

Family aware of referral: YES/NO Response to referral requested: YES/NO

Referral Type**:** (*Check the one main reason for referral*)

☐ **AP** EDD: _____ GRAVIDA_____ PARA _____ Living Children _____

☐ **PP/NB** Delivery Date: _____ Gender: M/F BWT: _____ APGARS _____

Gestational Age _____ Infant Feeding: (breast, bottle, both, unknown) Delivery (Vaginal/C-section)

Mom's health provider: _____ Phone _____

Baby's health provider: _____ Phone _____

☐ **PEDS** (includes children 2 months -18 years of age)

☐ **SIDS/Bereavement** Date of Death: _____

☐ **Other** _____ (includes person not pregnant or parenting)

Additional Information that would assist in understanding and prioritizing the referral: (i.e. birth complications, feeding/lactation problems, parent concerns; provider concerns; child's special health care needs condition; hospitalization summary; services requested)

_____
_____
_____
_____
_____
_____

OTHER PATIENTS ON THIS REFERRAL:

Pt ID _____ NAME: _____ BD _____ SEX _____ RACE _____
Pt ID _____ NAME: _____ BD _____ SEX _____ RACE _____
Pt ID _____ NAME: _____ BD _____ SEX _____ RACE _____
Pt ID _____ NAME: _____ BD _____ SEX _____ RACE _____