Healthy Start Coalition of Seminole County

Connect
Connecting families to community programs

Coordinated Intake and Referral Program

Today's Date:	Referring Agency/Organization	
Referral From:	Title:	E-mail:
Phone:	Fax:	Mailing Address:

MOTHER'S DEMOGRAPHICS

Last Name:	First:	Middle:	D.O.B	Race:
Address:				
City:	Zip Code:	Phone:	E-mail:	
Is Client Married?	☐ Yes ☐ No	Expected Due Date:	Best time to call:	

REASON FOR REFERRAL (check all that apply)

☐ Teen Mom (18 and under)	☐ Postpartum Depression	☐ Someone hit/hurt mother in the last year
☐ 2nd Trimester entry or No prenatal care	☐ Had baby that was not born alive	☐ Had baby born 3 weeks or more before due date.
☐ Pregnancy interval < 18 months	☐ Reported depression/hopelessness/stress	☐ Had baby weighing less that 5lbs. 8oz
☐ Has chronic conditions	☐ Homelessness	☐ Substance use/Smoked Cigarettes
☐ Other reason, specify:		

INFANT INFORMATION

Last Name:	First:	Middle:	D.O.B	Gender:
Address:				
City:	Zip Code:	Phone:	E-mail:	

REASON FOR REFERRAL (check all that apply)

☐ Poor birth outcomes	☐ Infant birth weight is less than 2000 grams (4lbs 7oz)	☐ Infant admitted to NICU	☐ Bonding concerns	☐ Parentng stress
☐ Depression	☐ Mother smoked/Substance use during pregnancy (exposed)	☐ Lack of resources	☐ Other reason, specify	

Client Authorized The Following Method of Contact (check all that apply)

☐ Leave message in my voicemail	☐ Leave message with person answering my phone	☐ Visit my phone if unable to contact me	☐ Send letters/correspondences to my home address.

This form contains confidential client information, and all HIPAA procedures need to be followed.
Send referrals via e-mail to connect@healthystartseminole.org or via fax (321) 363-3205. Call (321) 363-3024 to confirm receipt of referral.