SAN JUAN COUNTY WA
Health & Community Services
Growing Families

Department of Health and Community Services
Growing Families • Community Health Services
145 Rhone Street, Friday Harbor, WA 98250
360-378-4474
www.sanjuanco.com/1906/Growing-Families-San-Juan-Islands

Growing Families San Juan Islands

Universally-Offered Public Health Home & Community Visiting Referral Form

Please complete as much information as possible and return this form to San Juan County Health & Community Services by sending via secure email to jessican@sanjuanco.com, by faxing to 360-378-7036, or by delivering to our office at the address above.

Referral Information (required)

Referring Organization: ______________________________

Referral Submitted By (staff/provider name): ______________________________

Date of Referral: ______________________________

Basic Client/Patient Information (required)

Client/Patient Name: ______________________________ DOB: ______________

Primary Phone Number: ______________________________ ❑ Home ❑ Cell/Mobile

Is the client/patient aware of the referral? ❑ Yes ❑ No If no, explain: ______________________________

Additional Client/Patient Information (optional)

Street Address: ______________________________ Apartment #: ______________

City: ______________ Island: ______________ State: ______________ Zip: ______________

If client/patient is child, parent name: ______________________________

Primary Language: ______________________________ Will we need an interpreter? ❑ Yes ❑ No

Health Care Provider (if not referral source): ______________________________ Phone Number: ______________

Health Insurance: ❑ Private Insurance ❑ Medicaid – P1#: ______________ ❑ Other/Uninsured: ______________

Client/Patient is:
- ❑ Pregnant Mother (Due Date: ______________)
- ❑ Postpartum Mother (Birth: ______________)
- ❑ Infant/Child (Sex: ❑ Male ❑ Female)
- ❑ Other (specify): ______________________________
- ❑ Other Parent/Caregiver

Specific Program Referral (optional)

❑ **Universally-Offered Public Health Nurse Community-Visiting** (Growing Families San Juan Islands)
❑ **Women, Infants & Children (WIC) Nutritional Program** (Child 0-5 years) / Breast Feeding Peer Counselor Program
❑ Other/Please Assess for Eligibility/Need(s)

Reason(s) for Referral (optional)

❑ Prenatal Care	❑ First-Time Mother	❑ Congenital/Chronic Problem
❑ History of Preterm Birth	❑ History of LBW	❑ Failure to Thrive
❑ History of Fetal Demise	❑ History of SIDS	❑ Prematurity
❑ Nutrition/Overweight (Mother)	❑ Developmental Delays	❑ High-Risk Psychosocial Concerns
❑ Inadequate Gain (Mother)	❑ Infant/Child Feeding Problem	❑ Perinatal/Postpartum MH Concern
❑ History of Gestational Diabetes	❑ Needs Breastfeeding Support	❑ Foster
❑ Pre-Eclampsia/Toxemia	❑ Drug-Exposed Infant	❑ Other/Please Assess for Need(s)

Additional Information: ______________________________

______________________________ **Follow-Up Requested?** ❑ Yes ❑ No

Release of Information (ROI)

I authorize the organization or individual submitting this referral form to San Juan County Health & Community Services to disclose or give access to confidential information about me and/or my child, including relevant protected health information (PHI).

❑ Yes ❑ No **Signature of Client/Patient**: ______________________________ **Date**: ______________

Updated 8/11/23