Santa Barbara County PUBLIC Health DEPARTMENT

PHN

MCAH PHN Referral

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☐ Santa Barbara	☐ Lompoc	☐ Santa Maria
345 Camino del Remedio	301 North "R" St.	2115 S. Centerpointe Pkwy.
Santa Barbara, CA 93110	Lompoc, CA 93436	Santa Maria, CA 93455
Phone:805-681-5476	Phone:805-737-6442	Phone:805-346-8436

Main Referral Line: 1-800-288-8145 - Main Fax: 805- 681-4915

Referral Information	Patient Information
Referred by:______________________	Name:______________________
Agency:______________________	Sex: ________ Date of Birth (DOB):__________
Phone number:______________________	Parents______________________DOB: __________
Reply requested:_____Yes______________	Address/ZIP:______________________
MRN:______________________	Phone: ______________ Language:__________
	Medi-Cal/Insurance or SSN #:______________

Problem (Specify diagnosis/health problem, history, actions requested, other relevant information

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Note: High Risk referrals will be a priority. Is the client unable to independently access services? ____________

CHECK ALL THAT APPLY	CHECK ALL THAT APPLY
Mother or Head of Household Risk Factors	**Child Risk Factors**
Limited Resources – Needs Referrals/Assess/Follow-up: ☐Health Insurance ☐Food/Clothing/Nutritional ☐Housing ☐Psycho/Social Issues/Support ☐Medical follow-up	Limited Resources ☐Needs Referrals/Follow-up For: ☐Health Insurance ☐Food/Clothing ☐Housing ☐Counseling/Social Support ☐Medical follow-up
Pregnancy – Due Date:________ PNC began:________ Postpartum – Delivery Date _______ ☐Vaginal ☐C/S	☐Newborn/Infant – Date of Birth:
☐At risk for Domestic Violence:	☐At Risk for Child Abuse/Neglect:
☐At risk Drug/Substance Abuse/Other substance:	☐ At Risk for Developmental/Educational Delays:
☐Medical Issue for F/U:	☐Special Needs/Medical Issue for F/U:
☐Other/High Risk Behavior: ☐Teen	☐Other:

Referral status: ☐Unable to locate; ☐Declined Services; ☐Denied-Does not meet criteria; ☐ Denied-Duplication

PHN assessment and follow-up (Specify dates of contact, family response, referrals made, plan of action)

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PHN Signature: ______________________________ Date: ______________