

# NURSE-FAMILY PARTNERSHIP REFERRAL FORM

**NOTE: To qualify for the Nurse-Family Partnership-NFP (Building Blocks) Program, a woman must:**

- Be less than 28 weeks pregnant
- Have no previous live births
- Be low-income
- Live in targeted counties: Jackson, Clay, Cass, Platte, Ray, Johnson, Lafayette

A NFP nurse needs time to visit and obtain consent before the 28<sup>th</sup> week of pregnancy.

**Instructions:** Complete **Part 1** and **Part 2** of form. Mail or fax to Hilary Lindstrom and notify the site if sending the referral via fax (HIPAA requirement).

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Part 1 Patient/Client Information

Name:		Age:	Birthdate / /	# of weeks Pregnant:
Confirmed with Pregnancy Test? <input type="checkbox"/> Yes, Date / / <input type="checkbox"/> No	LMP: / /	Expected Delivery Date: / /	Speaks English? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, Specify Language:
Address:	Apt:	Zip:	Client I.D.	Placement Date: / /
Additional Address:	Apt.	Zip:	County:	
Home Phone #:	Work Phone #:	Cell Phone #:	Email address:	
Emergency Contact Person:	Relationship to Patient/Client:	Contact's Home Phone #:	Work Phone #:	Cell Phone #:
Patient agrees to be referred to NFP & provide the information above regarding her pregnancy: <input type="checkbox"/> Yes <input type="checkbox"/> No		Patient's/Client's Signature:		Date: / /

## Part 2 Referring Agency/Practice Information

Agency/Practice Name, Facility or Division:	Date: / /
Address:	Zip:
Referring Staff Name:	Title:
	Phone #:

## Part 3 To Be Completed by the Nurse-Family Partnership Site

Disposition of Referral:	Date of Enrollment: / /
<input type="checkbox"/> 1. Enrolled in NFP Program	
<input type="checkbox"/> 2. Ineligible: <input type="checkbox"/> >28 Weeks Pregnant <input type="checkbox"/> Previous Live Birth <input type="checkbox"/> Unable to Locate <input type="checkbox"/> Other, Specify:	
<input type="checkbox"/> 3. Refused to Participate: <input type="checkbox"/> Yes <input type="checkbox"/> No If Refused, Reason:	
Comments:	
Completed by NFP Staff:	NFP Site: Kansas City, Missouri Health Department
	Date: / /

**Contact:** Hilary Lindstrom, RN, BSN  
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Kansas City, Missouri Health Department  
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