

NURSE-FAMILY PARTNERSHIP REFERRAL FORM

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

- Be less than 28 weeks pregnant
- Have no previous live births
- Be low-income
- Live in targeted area/county

An NFP nurse needs time to visit and obtain consent before the 28th week of pregnancy.

Instructions: Complete **Part 1** and **Part 2** of form. Mail or fax to the patient's nearest NFP location 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? Yes, Date ____ / ____ / ____ No LMP: ____ / ____ / ____ Expected Delivery Date: ____ / ____ / ____ Speaks English? Yes No If No, Specify Language: _____

Address: _____ Apt: _____ Zip: _____ Client I.D. (ACS, Rikers or PINS #) _____ Placement Date: ____ / ____ / ____

Additional Address: _____ Apt. _____ Zip: _____

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: Yes 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 and Name of Provider _____ Title: _____ Phone #: _____

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

Disposition of Referral:

1. Enrolled in NFP Program Date of Enrollment: ____ / ____ / ____

2. Ineligible: >28 Weeks Pregnant Previous Live Birth Unable to Locate Other, Specify: _____

3. Refused to Participate: Yes No If Refused, Reason: _____

Comments: _____

Completed by NFP Staff: _____ NFP Site: _____ Date: ____ / ____ / ____

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