El Dorado County Health and Human Services Agency

PUBLIC HEALTH NURSING

Date of Referral_____

To: Jess Cullen, RN, PHN Supervisor

☐ 941 Spring St., #3, Placerville, CA 95667

☐ 1360 Johnson Blvd., #103, S. Lake Tahoe, CA 96150

Phone (530) 621-6113

Please submit via Confidential Fax (530) 642-0892

Referred by_____

Agency _____

Direct Phone or email_____

Is client aware of referral? Yes ☐ No ☐

CLIENT INFORMATION

Patient's Name _____ DOB _____ ☐ M ☐ F

Street Address, City, Zip_____

Preferred language_____ Phone_____ ☐ Home

Mailing Address ☐ Same _____ Other Phone _____

Patient's Medi-Cal # _____ Patient's Physician _____

If Minor, Guardian Name/DOB _____ Relationship _____

Other Household Family Members _____

REASON FOR REFERRAL

☐ Access to Medical Insurance

☐ Access to Medical Care

☐ Access to Basic Needs

☐ Child Development and Screening

Current Primary Concern/Pertinent Medical and Social History:

REFERRAL STATUS - To Be Completed by Public Health Nursing Staff Only

Referral Disposition		Nurse assigned		MRN #	
				MRN #	

Initial Contact Date/Intervention:

Nurse_____ Date _____

MCAH PUBLIC HEALTH NURSING REFERRAL CRITERIA

MCAH SERVES PREGNANT WOMEN, PARENTS, AND CHILDREN AGES 0-18 REGARDLESS OF INCOME OR INSURANCE.

TEENS:

- Access to minor consent Medi-Cal
- Linkage to healthcare providers
- Reproductive health
- Mental health needs
- Pregnancy or parenting

PREGNANT WOMEN:

- Access to prenatal care and insurance
- Limited support or infant care knowledge
- Complications of pregnancy

ALL CHILDREN, TEENS, PREGNANT WOMEN & PARENTS:

- Chronic medical conditions
- Substance use history
- Mental health needs
- Developmental screening & intervention services
- Trauma history or violence in the home
- Parenting education needs
- Inadequate access to basic needs