

MONTEFIORE NURSE-FAMILY PARTNERSHIP REFERRAL FORM

To qualify for the Nurse-Family Partnership (NFP) Program, the potential client must:

- Be less than 28 weeks pregnant
- Have no previous live births
- Must qualify for Medicaid and/or WIC
- Live in the Bronx

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

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

Date: ____/____/____

Patient/Client Information

Part 1	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
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: <input type="checkbox"/> Yes <input type="checkbox"/> No			Patient's/Client's Signature:		Date: / /

Referring Agency/Practice Information

Part 2	Agency/Practice Name, Facility or Division:		Date: / /
Address:		Zip:	
Referring to Staff Name and Name of Provider		Title:	Phone #:

Completed by the NFP Site

Part 3	Disposition of Referral:	
<input type="checkbox"/> 1. Enrolled in NFP Program		Date of Enrollment: / /
<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: <i>Montefiore Nurse-Family Partnership</i>	Date: / /

Send to:

Montefiore NFP
1 Fordham Plaza, Suite 1100
Bronx, NY 10458
Phone: 718-405-4233
Email: NFP@montefiore.org | **Fax:** 718-561-7540