BRONX HEALTHY START PARTNERSHIP

A partnership of Morris Heights Health Center, MHHC, and other partners.

REFERRAL FORM

Instructions: Please complete the form. Ensure that the client has signed the agreement to share their information and to be contacted by Bx Healthy Start Program. Please ensure that client has signed below in agreement to be contacted by Healthy Start. **Email completed form to Bxhealthystart@einsteinmed.org**

PATIENT/CLIENT INFORMATION

Date:____/_____/_____ MRN:_____

Name: _____ Date of Birth:_____

Address:_____ Apt #:_____ Marital Status:___/___/_____

City/Boro:_____ Zip Code: _____ Primary Language: _____

Telephone#:_____ Other phone: _____ Email: _____

Best time to call/contact:__AM__PM - Leave message: ☐Yes ☐No Text:☐Yes ☐No Email: ☐Yes ☐No

Race:☐Black ☐White ☐Asian ☐American Indian or Alaska Native ☐Native Hawaiian / Other Pacific

☐Hispanic/Latino ☐Other _____

PATIENT/ CLIENT PARENTING STATUS

Are you or your partner pregnant? ☐Yes ☐No

No. of weeks pregnant? _____ weeks

Is this a high-risk pregnancy? ☐Yes ☐No

Trimester prenatal care began:__/__/____

Date of last doctors visit:__/__/____

Expected Delivery Date: __/__/____

Do you have children? ☐Yes ☐No

How Many Children? _____

What are their ages: _____

Youngest Child Date of Birth:__/__/____

Post-Partum: (<8 weeks old) ☐Yes ☐No

REFERRING PROVIDER CONTACT INFORMATION

Provider/Practice/Facility Name:_____

Staff Name:_____ Staff Title:_____

Phone#:_____ Fax:_____ Email:_____

Please note reasons for referral/services and any special instructions_____

_____

_____

_____

Patient/Client agrees to be referred to a home visiting/partner program based on eligibility criteria and gives permission to the release of the above information to that program.

Client Signature: _____ Date: _____

Bronx Healthy Start Program provide many support services for you and your family. Please put a check mark next to the resource you would like to learn more about:

☐Pregnancy Support ☐Family Planning ☐Home Visiting ☐Infant supplies ☐Special Groups ☐Doula Support
☐Personal Development ☐Safe Sleep Education ☐Parenting Education ☐WIC ☐SNAP
☐Health Insurance enrollment ☐Fatherhood support ☐Child Care Referral ☐Breastfeeding support

For information or to participate in the Partnership call: 718-430-8620

Bronx Healthy Start Partnership-Albert Einstein College of Medicine, Department of Family & Social Medicine
1300 Morris Park Avenue, Bronx, NY 10461 ***Phone:** 718-430-8620 * **Fax:** 718-430-8816 * **Email:**Bxhealthystart@einsteinmed.org