



Referral Guidelines

1. To refer a potential client to The NEST Partnership, complete the form
2. Fax completed form to 417-874-1215
3. A nurse will review the case and confirm receipt with referring agency
4. Type of Referral: Prenatal Referral or Infant Referral
5. For Questions Contact: 417-864-1409

Client Information

Name _____ Date of Birth _____

Mother's Name _____ Date of Birth _____

Father's Name _____ Date of Birth _____

Mailing Address/ Zip Code _____

County _____ Phone Number _____

Contact via text message Y N Alt. Phone Number _____

Estimated Due Date _____

Birth Weight			Length	
Gestational	NICU	Discharge	Discharge	
Age (weeks)	<input type="checkbox"/> Y <input type="checkbox"/> N	Date	Weight	

Physician Name _____

Referral Information

Referring Organization _____

Person Making Referral _____

*Circle Reason for Referral (must have risk factors, see qualifier form on back page) _____

Provider Contact Phone _____

Notes:

Provider Signature _____ Date _____

Patient Signature _____ Date _____



Prenatal and Infant Qualifier Form

Infant

- In Greene County
- Currently not receiving home health care
- Medically fragile infant (history of NICU, or other medical condition)
- Limited Social Support
- Weight Gain Issues

Prenatal

- In Greene County
- Must be pregnant
- Medicaid Recipient/ Process of signing up
- Have 2-3 medical risk factors (see risk factors below)
- Agree to a nurse contacting them about services

Prenatal Risk Factors

- Mother's age 17 years or less
- Mother's education less than 8 years
- Unfavorable environmental conditions
- Smoking
- Gravida greater than or equal to 7
- Mother's age 35 years or greater at time of conception
- Previous fetal or infant death
- History of incompetent cervix
- Prior preterm labor
- Preterm labor: current pregnancy
- Seropositive for HIV antibodies
- Considered relinquishment of infant
- Late entry into care
- Pre-existing hypertension
- Pregnancy-induced hypertension
- History of diabetes
- Multiple fetuses in current pregnancy
- Alcohol abuse by participant or partner
- Drug dependence or misuse by participant or partner
- Physical or emotional abuse/neglect of participant
- Physical abuse or neglect of children in the home
- Prior low birth weight baby
- Elevated blood lead level
- Living alone
- Chronic or recent mental illness and/or psychiatric treatment
- Partner with history of violence
- Interconceptional spacing
- Homeless