



**Waupaca County Department of Health and Human Services
Maternal and Child Health Programs
EXTERNAL REFERRAL FORM**



Public Health
Prevent. Promote. Protect.
Waupaca County Public Health

For Office Use Only	Date Received: <input style="width: 150px; height: 20px;" type="text"/>
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SUBMIT TO: Corey Anderson, Healthy Beginnings Case Manager
Fax: (715) 258-6333 | Mail: Waupaca County Public Health, 811 Harding St. Waupaca, WI 54981

PROGRAM REFERRED TO

<p>Healthy Beginnings A free, voluntary home visitation program that offers information and support to parents of children ages 0-5.</p>	<input type="checkbox"/>
<p>Prenatal Care Coordination (PNCC) A free, voluntary program that helps pregnant women get the support and services they need to have a healthy baby.</p>	<input type="checkbox"/>
<p>Postpartum Public Health Nurse Follow up from public health nurse for postpartum concerns (infant weight gain, depression, breastfeeding issues, lack of support, other).</p>	<input type="checkbox"/>
<p>WIC WIC provides nutrition education, breastfeeding education and support, supplemental nutritious foods, and referrals to other health and nutrition services.</p>	<input type="checkbox"/>

PARENT INFORMATION

Parent/Guardian Name:	
Birth Date:	Phone:
Address:	
City/State/Zip:	
Insurance: <input type="checkbox"/> BadgerCare <input type="checkbox"/> Other:	
Preferred Contact Method: <input type="checkbox"/> Phone Call <input type="checkbox"/> Text	
<input type="checkbox"/> Email (list):	

CHILD INFORMATION

Child Age:	<input type="checkbox"/> month(s)	<input type="checkbox"/> year(s)
-or- Due Date (for prenatal referrals):		

****Programs are for Waupaca County Residents Only***

REFERRAL SOURCE

Referred by:	Agency:	Phone:
Area of Concern/Comments:		

CLIENT CONSENT

I agree to allow to provide my referral information
(Referring Agency Name)
to Waupaca County Public Health.

Parent/Guardian Signature

Date