Tarrant County Public Health

Nurse-Family Partnership
Helping First-Time Parents Succeed®

CLIENT REFERRAL FORM

Date of Referral: _____/_____/_____

Client's Name:_____

DOB: _____/_____/_____ Age:_____

Address:_____

Apt #:_____

City:_____ ZIP:_____

Home Phone: ( ) _____-_____

Cell Phone: ( ) _____-_____

Alternate Phone Number: ( ) _____-_____

Best time to call:_____

Baby's Due Date:_____/_____/_____

Doctor's Name:_____
(If client has seen one.)

Client's Signature:_____

Referring Agency:_____

Contact Info:_____

Please fax Client Referral Form to:
(817) 850-2307

For additional information call:
(817) 413-6320
Tarrant County Public Health
Nurse-Family Partnership Program

This side for NFP Use Only

Client Contact by Intake:		
1st Call	2nd Call	3rd Call
Date:_____ Initials:_____ ❑ left message ❑ no answer ❑ # not good	Date:_____ Initials:_____ ❑ left message ❑ no answer ❑ # not good	Date:_____ Initials:_____ ❑ left message ❑ no answer ❑ # not good
Client Contact by NHV:		
1st Call	2nd Call	3rd Call
Date:_____ Initials:_____ ❑ left message ❑ no answer ❑ # not good	Date:_____ Initials:_____ ❑ left message ❑ no answer ❑ # not good	Date:_____ Initials:_____ ❑ left message ❑ no answer ❑ # not good

		Y	N
	Is client aware of referral?		
Enrollment Criteria			
1.	First-time mother? (No previous live births)		
2.	Is client less than 28 weeks gestation?		
	Wks of gestation:___ on ___/___/___		
3.	Is client currently receiving Medicaid benefits? If so, Medicaid ID number: _____		
4.	Is client receiving WIC services?		
5.	Does client live in Tarrant County?		
6.	Ethnicity: ❑ African American ❑ Hispanic ❑ Asian ❑ White ❑ American Indian ❑ Other		

Additional Information:

_____
_____
_____
_____
_____

_____ _____
Signature of Intake Person **Date**

Intake & Enrollment Status	
Date referral entered in Excel & ETO:	____/____/____
Assigned to NHV:_____	Date assigned: ____/____/____
Client enrolled:	❑Y ❑N ❑No contact
Date client enrolled in NFP:	____/____/____
Client ID #:	
Date client referral dismissed:	____/____/____

Revised July 2012