



## REFERRAL FORM

Please  a program(s) below:

### HEALTHIER MOMS AND BABIES NURSES & CASE MANAGERS CAN HELP PREGNANT WOMEN:

- Understand your changing body and help reduce risks to your pregnancy
- Assist you with basic needs and community resources
- Learn how to care for your new baby, how to breast or bottle feed, etc.
- Provide support and health education

### THE OWN YOUR JOURNEY PROGRAM CAN HELP YOU:

- Lead a healthier lifestyle before or in between pregnancies
- Assist you with maintaining a healthy weight and overall lifestyle
- Provide support and health education on various topics including healthy eating & weight, physical fitness, financial health, stress management, family planning, etc.
- Connect you with a support circle of other women in the community and enjoy YMCA benefits

### THE FATHERHOOD PROGRAM CAN HELP YOU:

- Assist in understanding a father's role and how to improve skills when raising children.
- Build positive relationships with your partner and child/children
- Provide support and health education on various topics including, fetal development, safe sleep, handling emotions, co-parenting, etc.
- Participate in the DadUp monthly group sessions and earn incentives

I would like to learn more about Healthier Moms and Babies, and it is ok for Healthier Moms and Babies staff to contact me.

*This does not commit you to participating but gives permission for staff to contact you.*

Name \_\_\_\_\_ Physician \_\_\_\_\_

Date of Birth \_\_\_\_\_ Due Date (if applicable) \_\_\_\_\_ County you live in: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Questions/Comment/Concerns: \_\_\_\_\_

\_\_\_\_\_

1<sup>st</sup> Pregnancy: \_\_\_Yes \_\_\_No \_\_\_ N/A Preferred method of contact: \_\_\_Phone \_\_\_Email \_\_\_Text

Medicaid \_\_\_\_\_yes \_\_\_\_\_no Private Insurance \_\_\_\_\_Yes \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If the participant is under 18, parent or guardian consent is necessary.

Parent Signature : \_\_\_\_\_ Date : \_\_\_\_\_

**Fax referral to Healthier Moms and Babies. Fax number 260.469.4075**