**Name on referral**: (last) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (first) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **RN**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Suggested script for phone contact, using friendly, relaxed tone; “*Hi, I’m ----, a nurse from Public Health. I’m calling to see how your pregnancy is going, and if you need any assistance. Anything you tell me is strictly confidential. How are you doing/feeling?*” (Use open ended questions, ex. what’s happening with the pregnancy?) Try gently to elicit risk factors; suggest why a nurse might be helpful and what the nurse could do for them (check FHR, check B/P, advocate, bring info, etc.)

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| **Circle risk factors as applicable**: |
| Diabetes or Gestational diabetes | Hypertension, Pre-eclampsia Hx or present  |
| Eating disorders; anorexia, bulimia, morbid obesity | Mental Illness (anxiety, depression, bipolar, schizophrenia, poor anger management) |
| Thrombophlebitis | Hyperemesis gravidarum |
| Pre-existing conditions with pregnancy; ex. - cardiac, MS, cancer, lupus, liver disease, asthma, seizure disorder, thyroid disorders, dwarfism, sickle cell, renal disease, TB, HIV | Hx of multiple miscarriages or abortions, Hx preterm delivery or fetal anomalies, Hx still birth, Hx SIDS |
| Hx of childhood neglect or abuse  | Multiple gestation |
| Other children out of custody or current CPS issues | Teen pregnancy or primigravida older than 35 years |
| Frequently missed prenatal appointments | Poor medical compliance |
| Third trimester entry into prenatal care | Activity restrictions; total bed rest |
| Substance abuse | Domestic violence |
| Hygiene issues | Homelessness |
| Illiteracy | Cognitive/developmental delay/ disability |
| No family support/social isolation | Other: |

Dates of contacts: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Outcome/process notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Referral to MCH nursing made? (If they accept referral, let them know you will be sharing info. with MD.) ⁭ yes ⁭ no

Other referrals made? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_