

Serving first time parents in Big Stone, Chippewa,
Douglas, Grant, Kandiyohi, Lac qui Parle, Lincoln,
Lyon, McLeod, Meeker, Murray, Pipestone, Pope,
Redwood, Renville, Rock, Stevens, Swift, Traverse and
Yellow Medicine Counties



Referral Requirements: (must meet all three criteria)										Fax, call, or send referrals to:			
Lives in a participating county?				YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Katie Jensen, RN, PHN 10 E. Highway 28 Morris, MN 56267 Phone: 320-287-2585 Fax: 320-589-7433 katie.jensen@shnfp.org					
First Time Mother before 28 weeks gestation?				YES	<input type="checkbox"/>	NO	<input type="checkbox"/>						
Low income? (includes: MA, MFIP, WIC eligible)													
Enrolled in Medical Assistance		YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Referred						<input type="checkbox"/>	<input type="checkbox"/>
Enrolled in WIC Program				YES	<input type="checkbox"/>	NO	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
Family Income: (if not participating in WIC or MA)				\$									

Client Name:					Birth Date:					
Address:					Cell phone:					
					Home phone:					
					Best time to call: _____ am _____ pm _____ Morning _____ Afternoon _____ Evening					
OK to mail information? Y N		OK to leave a message? Y N			Other phone: Who?:					
Physician:				EDC:			Weeks gestation:			
Health Care Coverage:										
Marital Status:				Lives with:						
Emergency Contact Person:					Relationship to client:					
Reason for Referral / Relevant Data:										
Referring Agency:					Phone #:					
Referring Person:					Date:					