

**Douglas County**  
**Department of Health and Human Services**  
1316 N. 14<sup>th</sup> Street • Superior, WI 54880

Patricia A. Schanen  
Director



## Douglas County Maternal Child Health

### Prenatal Care Coordination Referral

*\*Please Fax to 715-385-1434*

#### Referral Information

Referring Person's Name & Title: \_\_\_\_\_

Referring Agency: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

#### Client Information

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Language: \_\_\_\_\_

Due Date: \_\_\_\_\_

Gravida/Para: \_\_\_\_\_

Is client aware of referral?    Yes     No

#### Additional Comments

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Concerns/Reason for Referral

##### Parent/Child Social Risk Factors

- Limited income/resources
- Isolation/lack of support
- Developmental Delays (client or parent)
- Unstable/unsafe housing
- Current/Hx Child Welfare Client
- Risk of maternal depression
- Parent/caregiver concerns
- Teen parent
- Domestic Violence
- Alcohol abuse
- Illegal drug use
- Misuse of Rx drugs
- Tobacco use

##### Prenatal/Pregnancy Risk Factors

- 1st visit >16 wks pregnant
- Known/suspected genetic concern
- Twin/triplet pregnancy
- History of pregnancy loss
- History of low weight and/or preemie baby
- History of/current complications
- Mental Health Issue
- Recent pregnancy (12 months or less)
- Age at conception <18 or >35

##### Other Information

- Plans to Breastfeed

#### MISSION

To promote the health, safety, and well-being of individuals and families