



Safe Babies Healthy Families

Fax: (414) 571-5568

Phone: (414) 731-7978

healthyfamilies@eastersealswise.com

Date of referral _____ Type of referral Pregnancy Infant

Referring Person/Agency _____

Phone _____

Fax _____

REASON FOR REFERRAL - Caregiver and/or Family Risks (Check all that apply)

- Marital status
includes single, separated, divorced or widowed
 - Caregiver unemployed
 - Partner unemployed
 - Unstable housing
 - No phone
 - Caregiver's education <12th grade
 - Lack of support from immediate family
 - History of caregiver substance use/abuse
 - History of abortions
 - History of psychiatric care
 - Abortion actively being considered
 - Adoption actively being considered
 - Marital or family stresses
 - Historical or current depression
 - Late or no prenatal care (after 12 weeks)
 - Inadequate income per self report
 - Safety concern
 - Multiple pregnancy
- Important information to know: _____

CAREGIVER'S INFORMATION

Caregiver Name _____
 Address _____
 City/Zip _____
 DOB _____ Phone _____
 Email _____

Number of pregnancies _____
 Number of births after 20 weeks _____
 Estimated due date _____

Race White African American
 Native American Asian-Pacific Island
 Other _____

Additional Contact Information (required for minors):
 Name _____
 Phone _____
 Relationship to client _____

Ethnicity Hispanic Non-Hispanic
 Primary Language _____

INFANT'S INFORMATION

Infant's Name _____ DOB _____ Gender Female Male
 Race White African American Native American Asian-Pacific Island Other _____
 Ethnicity Hispanic Non-Hispanic
 Birth Weight _____ lbs _____ oz Length _____ in
 Discharge Weight _____ lbs _____ oz Gestation _____ wks
 Infant Medical Risks _____
 Breastfeeding Bottle