

# Referral form for Jo Ann Birge Women and Children's Center

Date referral made:

Client name:

Client number:

Client date of birth:

Client contact number:

Client insurance:

Client referred by (name/phone number/program):

Is client pregnant or postpartum?      Yes      No

Due date or date of birth:

Prenatal care/Provider:

Other children under the age of 3?

Children over the age of 3?

DCF/FFN/Child welfare involvement?

Current substances being used, route using, last date of use, withdrawal symptoms?

Most recent date of UA if positive and the results?

Any residential substance treatment within the past 24 months (when and where)?

Length of stay?

Any medical conditions and provider seeing for those conditions?

Medications currently prescribed:

Mental health diagnosis and provider:

Any history of Baker Acts (when and where)?

Current legal involvement (open cases/probation):

Other agency involvement (agency, position, contact number):

History of self-injurious behavior?

History of physical abuse?

History of verbal or sexually aggressive behavior?

History of domestic violence (perpetrator or victim)?

Please complete the referral and submit to:

[Vanessa.Byerly@lakeview-center.org](mailto:Vanessa.Byerly@lakeview-center.org)

[Brittney.Mccardle@lakeview-center.org](mailto:Brittney.Mccardle@lakeview-center.org)

Referrals can also be taken via phone at 850-892-8030.

