Monroe County Health Department
Serving the Community since 1921
315 West Oak Street · Sparta, WI 54656 · (608) 269-8666 · Fax (608) 269-8872

Referral for Baby Connections

Client Name: _____ **DOB:** _____

Phone: _____ **Email:** _____

Address: _____ **Preferred Contact:** ☐ Text ☐ Call ☐ Email

Primary Language: _____ ☐ Private ☐ Uninsured

Child's DOB/Due Date: _____ **Insurance:** ☐ Medicaid/BadgerCare+

Referral Source & Agency: _____ **Contact Number:** _____

Date of Referral: _____ **Client Informed of Referral:** ☐ Yes ☐ No

Perinatal Risk Factors and Postpartum Conditions:

- ☐ Depression/History of Depression (including prenatal/postpartum) or other mental health problems
- ☐ Diabetes/Pre-diabetes: current or past gestational diabetes
- ☐ Hypertension: current or past
- ☐ Current or history of alcohol OR ☐ drug abuse
- ☐ Current or recent history of tobacco/marijuana smoking
- ☐ History of pre-term labor or low birth weight baby
- ☐ History of fetal/neonatal death

General Risk Factors:

- ☐ Single
- ☐ Not a High School graduate
- ☐ Housing concerns
- ☐ Intimate Partner Violence
- ☐ Cognitive or sensory limitations

Current Problems with Infant:

- ☐ Significant feeding problems
- ☐ Birth Wt:____Discharge Wt:_____
- ☐ Other:_____

Office Use Only

Assigned Staff: _____ **Contact Number:** _____

Notes:

Initial Appt: _____