

## WAUKESHA COUNTY PUBLIC HEALTH REFERRAL FORM

### CLIENT INFORMATION

**DATE:** \_\_\_\_\_ **IS CLIENT AWARE OF REFERRAL:** YES NO **GENDER:** MALE FEMALE

**LAST NAME:** \_\_\_\_\_ **FIRST NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**ETHNICITY:**  NON-HISPANIC  HISPANIC **RACE:**  WHITE  AFRICAN AMERICAN  ASIAN  MULTIRACIAL  
 PACIFIC ISLANDER  AMERICAN INDIAN/NATIVE ALASKAN

**TELEPHONE #:** \_\_\_\_\_ **PRIMARY LANGUAGE:** \_\_\_\_\_

**REFERRAL AGENCY:** \_\_\_\_\_ **PERSON REFERRING:** \_\_\_\_\_ **CONTACT #:** \_\_\_\_\_

**REASON FOR REFERRAL/NOTES:** \_\_\_\_\_

### HEALTHY PREGNANCY PROGRAM

Program available to any pregnant woman in Waukesha County and free of cost. Helps women gain access to medical, social, educational, and other services during their pregnancy and 60 days postpartum. [CLICK HERE FOR MORE INFORMATION](#)

**DUE DATE:** \_\_\_\_\_ **# OF PREGNANCIES** \_\_\_\_\_ **PHYSICIAN:** \_\_\_\_\_ **PHYSICIAN** \_\_\_\_\_  
**# OF LIVE BIRTHS** \_\_\_\_\_ **TELEPHONE #:** \_\_\_\_\_

### CHILD HEALTH & PARENTING PROGRAM

The program helps to support and educate families with babies or young children. A nurse will provide information on health, parenting and development and make referrals as needed. Available to Waukesha County families at no cost. [CLICK HERE FOR MORE INFORMATION](#)

**PARENT/GUARDIAN NAME(S):** \_\_\_\_\_ **TELEPHONE #:** \_\_\_\_\_

**PHYSICIAN:** \_\_\_\_\_ **PHYSICIAN TELEPHONE #:** \_\_\_\_\_

#### FOR INFANTS:

**BIRTH WEIGHT:** \_\_\_\_\_ lbs. oz. **LENGTH:** \_\_\_\_\_ in. **DISCHARGE WEIGHT:** \_\_\_\_\_ lbs. oz.

**WEEKS GESTATION:** \_\_\_\_\_ **FEEDING METHOD:**  FORMULA  BREAST MILK

### BREASTFEEDING SUPPORT PROGRAM

In-home and telephone support to lactating mothers by a nurse/Certified Lactation Counselor (CLC). Available to all Waukesha County families at no cost. To refer, complete information under Child Health and Parenting Program section, and complete Reason for Referral section to describe the breastfeeding concern.

### ELEVATED LEAD PROGRAM

A child is considered lead poisoned if they have a blood lead level (BLL) of 5 mcg/dl or greater. Families with lead poisoned children are eligible for services. [CLICK HERE FOR MORE INFORMATION](#)

**PARENT/GUARDIAN NAME(S):** \_\_\_\_\_ **TELEPHONE #:** \_\_\_\_\_

**PHYSICIAN:** \_\_\_\_\_ **PHYSICIAN TELEPHONE #:** \_\_\_\_\_

**LEAD LEVEL:** \_\_\_\_\_ mcg/dl **BLOOD DRAW TYPE:**  CAPILLARY  VENOUS **DATE DRAWN:** \_\_\_\_\_

### WIC (WOMEN, INFANT AND CHILDREN NUTRITION PROGRAM)

The Women, Infant and Children (WIC) Nutrition Program is a Federal Program that provides food and nutrition information to pregnant, postpartum, breastfeeding women, infants and children under the age of 5. **The WIC program has eligibility and income requirements. Please call (262) 896-8440 to see if you qualify.** [CLICK HERE FOR MORE INFORMATION](#)

For details on all our programs visit: [www.waukeshacounty.gov/publichealth](http://www.waukeshacounty.gov/publichealth)

How did you hear about the program?

Please submit referral via:

Prepared By:

**Fax:** 262-970-6670 ▪ **Secure Email:** [publichealth@waukeshacounty.gov](mailto:publichealth@waukeshacounty.gov) ▪ **Mail:** Waukesha County Public Health