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<p align="center">REFERRING AGENCY</p> <p>PLEASE ATTACH COPY OF:</p> <p><input type="checkbox"/> Signed Releases</p> <p><input type="checkbox"/> Service Plans Or Agreements</p> <p><input type="checkbox"/> Petitions Or Court Orders</p> <p><input type="checkbox"/> Risk Assessments</p> <p><input type="checkbox"/> Evaluations (Psychological, ETC.)</p>

HEALTHY START
A Program of Family Service of the Piedmont

PROGRAM REFERRAL FORM

Date: _____

Name of Parent/Guardian: _____ Phone: _____

Parent Date of Birth: _____ Race: _____

Address: _____ Primary Language: _____

<u>Client/Children</u>	<u>Birthdates</u>	<u>Male/Female</u>	<u>Race</u>
_____	_____	_____	_____
_____	_____	_____	_____

Reasons for Referral:

Does the potential client have any mental health issues? Y N

If "yes" has been checked, please state diagnosis and current treatment, if any. _____

*****Please Complete Back of Form Also***

Person Making Referral: _____

Phone #: _____

E-mail Address: _____

Fax #: _____

If DHHS Referral, Family Assessment Case? Y N

Agency Making Referral (if applicable):

Unit Making Referral (if applicable)

Address: _____

FOR HEALTHY START PROGRAM USE:

Home Visitor Assigned _____	Date Assigned: _____	
Date received _	Date of initial visit _____	
Client Response: _____	Set date for next home visit _____	Decline Services _____
Family cannot be served due to: _____		
Referral made to: _____		

Factors Leading to Overburdened Families

The following list of stressors is an adaptation of the Dean and Robinson (1984) Scale of Family Function. If two or more are present, families may be overburdened and have difficulty coping.

Check if Known to be Present

- 1. Past history of depression*
- 2. Abuse or neglect in client's background
- 3. History of suicidal attempts
- 4. History of spouse/partner abuse
- 5. Current domestic violence
- 6. Expressed desire to abort or relinquish custody during pregnancy
- 7. Medical/health complications during pregnancy/birth
- 8. Premature or handicapped infant
- 9. No prenatal care
- 10. Social isolation/little contact with others*
- 11. Mother under age 18
- 12. Single parent assuming sole responsibility for infant
- 13. Impoverished living conditions
- 14. Limited mental capacity
- 15. History of substance abuse
- 16. No telephone in the home
- 17. Lack of interest in infant
- 18. Inappropriate responses to infant cues
- 19. Unrealistic expectations of infant

*** Please complete the information related to mental health issues on the front page, if any of these areas are checked.**