



Family Service

OF THE PIEDMONT

315 E. Washington St. Greensboro, NC 27401

1401 Long Street, High Point, NC 27260

Phone: (336) 387-6161

Fax: (336) 387-9167

**REFERRING AGENCY
PLEASE ATTACH COPY OF:**

- ☐ Signed Releases
- ☐ Service Plans or Agreements
- ☐ Petitions or Court Orders
- ☐ Risk Assessments
- ☐ Evaluations (Psychological, Etc.)

HEALTHY START REFERRAL FORM

Date: _____

Name of Parent/Guardian: _____ Phone: _____

Parent Date of Birth: _____ Race: _____

Address: _____

Primary Language: _____

Client/Children

Birth Date

Male/Female

Race

_____	_____	_____	_____
_____	_____	_____	_____

Reasons for Referral: _____

Does the potential client have any mental health issues? ☐ Yes ☐ No

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

Person Making Referral: _____ Phone: _____

Email Address: _____

Fax #: _____ If DHHS Referral, Family Assessment Case? ☐ Yes ☐ No

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: _____

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:

- ☐ Past History of depression*
- ☐ Abuse or neglect in client's background
- ☐ History of suicidal attempts
- ☐ History of spouse/partner abuse
- ☐ Current domestic violence
- ☐ Expressed desire to abort or relinquish custody during pregnancy
- ☐ Medical/health complications during pregnancy/birth
- ☐ Premature or handicapped infant
- ☐ No prenatal care
- ☐ Social isolation/little contact with others*
- ☐ Mother under age 18
- ☐ Single parent assuming sole responsibility for infant
- ☐ Impoverished living conditions
- ☐ Limited mental capacity
- ☐ History of substance abuse
- ☐ No telephone in the home
- ☐ Lack of interest in infant
- ☐ Inappropriate responses to infant cues
- ☐ Unrealistic expectations of infant

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

