Nurse-Family Partnership
Helping First-Time Parents Succeed

LOS ANGELES UNIFIED SCHOOL DISTRICT
NURSE-FAMILY PARTNERSHIP PROGRAM
Confidential Referral Form Email form to:
jgm9331@lausd.net

REFERRALS ACCEPTED ONLY FOR THOSE WHO ARE PREGNANT FOR THE FIRST TIME & LESS THAN 28 WEEKS PREGNANT

PERSON MAKING REFERRAL: _____ Phone #: _____
Name & Title

AGENCY/SCHOOL: _____ Fax #: _____

CLIENT'S NAME: _____ Birth date: _____

Address: _____ _____ LMP: ____/____/____
Street Unit/Apt.#

Address: _____ _____ EDD: ____/____/____
City Zip Code Date of Expected Delivery

Phone #: _____ Ethnicity: _____
(Optional)

Client's Primary language: _____

Has Client been informed about this referral? ☐ Yes ☐ No
Is the pregnancy confidential? ☐ Yes ☐ No

ISSUES OF CONCERN: (Known/Suspected – Please check all that apply)

☐ DEAF/HARD OF HEARING	☐ SUSPECT DRUG/ALCOHOL USE	☐ TOBACCO USE
☐ BLIND/SIGHT IMPAIRED	☐ MENTAL HEALTH CONDITION	☐ FOSTER CHILD
☐ PHYSICAL DISABILITY	☐ FAMILY VIOLENCE	☐ TRANSITIONAL AGE YOUTH (TAY)
☐ JUVENILE JUSTICE INVOLVED	☐ NO SUPPORT SYSTEM	☐ HOMELESS
☐ ADULT JUSTICE INVOLCED	☐ DEPRESSION	☐ UNSAFE LIVING CONDITIONS
☐ EXPOSED TO TRAUMA	☐ STRESSED FAMILY	☐ OTHER:
COMMENTS:		

****DO NOT WRITE BELOW THIS LINE – FOR PROGRAM USE ONLY****

Date Rec'd:_____ Clerk:_____ Sent to: _____

Confirmed Receipt:_____ Disposition: _____

LAUSD Nurse-Family Partnership Program, District Nursing Services, 121 N Beaudry Avenue, Los Angeles, CA 90012
Phone: 213-202-7580 Fax: 213-580-6557 (email completed form to jgm9331@lausd.net)