

The University of Texas Health Science Center at Tyler

Home Visiting

Program Referral Form

Nurse-Family Partnership

- First-time Mom, and
- Pregnant and less than 29 weeks along, and
- On Medicaid or receiving WIC
- Resides in Smith or Henderson County

Parents as Teachers

- Pregnant more than 29 weeks along, or
- Previous delivery or parenting a child < 5 years old
- On Medicaid or receiving WIC
- Resides in Smith County

Part 1: Parent/Family Information

| | | | | | |
|---|--|--|---|--|---------------------|
| Name: | | Date of Birth: / / | | Race: | Preferred Language: |
| Address: | | City | County | | Zip |
| Email: | | | | | |
| Phone Number: () | | Best time to call: Anytime | Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No | 1st Pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No | Due Date: / / |
| Eligible/Has Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> Applied <input type="checkbox"/> No | Receiving WIC? <input type="checkbox"/> Yes <input type="checkbox"/> No | Parenting? <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, # of children: | | # Weeks Pregnant: |
| Medical Conditions: | | | | | |
| Patient's/Client's Signature: | | | | | Date: / / |
| <i>If Parenting, please complete the below for each child in the house</i> | | | | | |
| Child's Name: | Date of Birth / / | Child's Name: | Date of Birth / / | | |
| Child's Name: | Date of Birth / / | Child's Name: | Date of Birth / / | | |

Part 2: Referring Agency/Practice Information

| | | |
|------------------------|---------------|--------------|
| Agency Name & Location | Phone Number: | Date: / / |
| Comments: | | |

Part 3: For UTHCT THV Use Only

| | | |
|-----------------------------|---|----------------------------------|
| Date Referral Rec'd: / / | Program Referral Disposition: <input type="checkbox"/> PAT <input type="checkbox"/> NFP | Date Entered into System: / / |
| Date Assigned: / / | Assigned Parent Educator/NFP Nurse: | Supervisor: |

Email Referral Form to NurseFamily.Partnership@uthct.edu or fax to 903-877-5949

Have questions or need us to pick up a referral? Contact us by call or text!

CaSondra Williams, CHW

903-258-7508

Anna Calderon, CHW

903-216-2641

