Montgomery Perinatal Program Home Visiting

- **Nurse Home Visiting**: Home-Based Case Management for 1st-time moms, teens, high-risk (i.e., diabetes, hypertension, history of loss or preterm/low birth weight, substance abuse/behavioral health concerns)
- **Community Health Worker Home Visiting**: Home-based Case Management for pregnant persons with low health literacy, 1st birth in the United States, other social concerns
- **Babies Born Healthy Program**: Home Visiting Care Coordination for African American pregnant persons living in the Silver Spring region of Montgomery County

MONTGOMERY COUNTY MATERNAL CHILD HEALTH HOME VISITING REFERRAL FORM

Today's Date: ______________________________

Name of Person Making Referral: ______________________

Referring Organization: ____________________

Email: ____

Phone: _____________________

Member Demographic Information

First Name: ______________________________

Last Name: ____

Date of Birth: ______________________________

Home Phone: ______________________________________

Cell Phone: ________________________________

Email: ____

Street Address: _____________________________

Apt: _____ City, State, Zip: ____________________________

Race: White ☐ Black ☐ Asian ☐

Ethnicity: Hispanic Yes ☐ No ☐

Client Pregnancy Information

Primary Language Spoken: English ☐ Spanish ☐ Other: _______________________

Estimated Due Date: _________________________

Estimated Gestational Age: __________

Current Trimester: 1st ☐ 2nd ☐ 3rd ☐

First Time Parent: Yes ☐ No ☐

MRN#___________________ **Medicaid #**_____________________________ **MA MCO Name:**___________________

Qualifying Social and/or Medical Risk Factors

- ☐ History of preterm birth (less than 37 completed weeks)
- ☐ Chronic medical conditions which may complicate pregnancy
- ☐ Depression/Behavioral health concerns
- ☐ History of prior pregnancy loss
- ☐ Close Child Spacing (Less than 1 year since last pregnancy)
- Other:___________________
- ☐ History of low birth weight (less than 2500 grams/5 lbs. 8 oz)
- ☐ Current substance/ alcohol use (or use in the month prior to pregnancy)
- ☐ Current tobacco use
- ☐ Teen
- ☐ Low Health Literacy
- ☐ Unsafe living environment (Intimate Partner Violence/abuse /unstable housing/ homelessness)
- ☐ First Birth in the USA
- ☐ Advance Maternal Age (<40 years of age)

Notes:____

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Please Email this completed form to
GHCReferrals@MontgomeryCountyMD.Gov Or SSHCReferrals@MontgomeryCountyMD.Gov