



# Pine County Health and Human Services

Pine City Office  
315 Main St S-Suite 1  
Pine City, MN 55063  
Phone: 320-216-4100

Sandstone Office  
1610 Hwy 23 N  
Sandstone, MN 55072  
Phone: 320-216-4150

**\*For both locations-- Please send all Referrals to: [samantha.ekeroth@co.pine.mn.us](mailto:samantha.ekeroth@co.pine.mn.us) or Fax: 320-216-4101**

## Family Home Visiting Referral

Parent/Caregiver's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Lives With: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Insurance Coverage:  MA  Private  Uninsured

Pregnant- Weeks Gestation: \_\_\_\_\_ EDD: \_\_\_\_\_ First Pregnancy:  Yes  No

Not Pregnant – *Family concerns identified*

New Baby: Baby Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Male  Female Weeks Gestation: \_\_\_\_\_ APGARS: \_\_\_\_\_

Weight (lbs & oz): \_\_\_\_\_ Feeding:  Breast  Formula

Newborn Hearing Screening:  Pass  Fail

Delivery:  C-Section  Vaginal

*Additional Children:* Child Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Child Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Primary Care Provider: \_\_\_\_\_

Referring Staff: \_\_\_\_\_ Phone: \_\_\_\_\_

Referral Discussed with Client:  Yes  No Date of Referral: \_\_\_\_\_

\*\*Comments/Reason for Referral: \_\_\_\_\_

### Identified Areas of Concern for client/family:

\_\_\_ Prenatal/Pregnancy Risks

\_\_\_ First time Pregnancy

\_\_\_ Teen Pregnancy

\_\_\_ Single Parent

\_\_\_ Parenting Concerns

\_\_\_ Attachment Concerns

\_\_\_ Breastfeeding Support

\_\_\_ Child Development Concerns

\_\_\_ Environmental Factors

\_\_\_ Other \_\_\_\_\_

\_\_\_ Complex Medical Needs

\_\_\_ Medical Health Concerns

\_\_\_ Lack of Support Systems

\_\_\_ Mental Health/Coping Concerns

\_\_\_ Employment Instability

\_\_\_ Substance Abuse/Addiction

\_\_\_ Socioeconomic Problems

\_\_\_ Homeless/Unstable Housing

\_\_\_ New to Community/Need for Resources

**Thank You for  
the Referral!**