

# THE FAMILY TREE

INFORMATION, EDUCATION & COUNSELING CENTER



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## Healthy Start Referral Form

Attn: Jerri Byrd Hodges  
Phone: 337.981.2180 Fax: 337.981.2391  
jerri@acadianafamilytree.org

### Parishes Served:

Acadia  
Evangeline  
Iberville  
Lafayette  
St. Landry  
St. Martin

Date of Referral: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### Personal Information (please print):

Participant Name: \_\_\_\_\_  
(Last Name) (First Name) (Maiden, if applicable)

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred Phone:  Cell  Home \_\_\_\_\_ Email Address: \_\_\_\_\_

Alternative Contact Person: \_\_\_\_\_ and Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_

Race:  White  Black or African-American  American Indian or Alaskan Native  Asian  Native Hawaiian or  
Other Pacific Islander  Hispanic or Latino (of any race)  Other \_\_\_\_\_

Marital Status:  Married  Divorced  Single  Widowed  Separated  Remarried

### Pregnancy Information (please print):

Is Referral Pregnant?  Yes  No # Weeks Gestation: \_\_\_\_\_ Due Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

First Time Pregnancy?  Yes  No List Ages of Other Children: \_\_\_\_\_

List any pre-existing medical conditions: \_\_\_\_\_

Medicaid Eligible?  Yes  No Healthcare Provider (OB/GYN): \_\_\_\_\_

### Initial Referral Assessment (please print):

History of Depression/Mental Health? \_\_\_\_\_

History of Domestic Violence? \_\_\_\_\_

History of Alcohol/Drug Abuse? \_\_\_\_\_

History of Smoking or Current Smoker? \_\_\_\_\_

History of Negative Birth Outcomes? \_\_\_\_\_

### Referral Source Information (please print):

Agency/Organization Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_