

**DESIRED REPRODUCTIVE HEALTH ACCESS FOR MATERNAL SERVICES (DREAMS)**

MPCAH - Alameda County Public Health Department  
1100 San Leandro Blvd. Suite 120, San Leandro, CA 94577  
(510) 618-1991 Fax (510) 273-3836

**CONFIDENTIAL REFERRAL FORM**

Name: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Telephone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Emergency Contact #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Primary Language: \_\_\_\_\_

**MEDICAL INFORMATION:** Receiving Medi – Cal?  Yes  No Pregnant?  Yes  No

**PREGNANCY INFORMATION:** LMP: \_\_\_\_\_ EDC: \_\_\_\_\_ Multiples: \_\_\_\_\_

Prenatal Care Began? \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Provider: \_\_\_\_\_

Describe high risk condition: \_\_\_\_\_

**OB History:** Hx of premature birth:  Yes  No Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Hx of low birth weight/very low birth weight?  Yes  No Weight? \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Hx of SABS (<20 weeks)?  Yes  No Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Hx of IUFD (>20 weeks) or infant loss?  Yes  No Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ GA \_\_\_\_ Infant age \_\_\_\_

Reason for loss: \_\_\_\_\_

Describe other high risk condition: \_\_\_\_\_

Did client obtain Tubal Ligation?  Yes  No

**CLIENT PERMISSION:**

I give my permission to be referred to the Maternal Health & Prematurity Prevention Program.  
Yo doy mi permiso para ser referida al Programa de Salud Materna y Prevención del Parto Prematuro.

\_\_\_\_\_  
Signatura/Firma Date/Fecha

**REFERRAL SOURCE (Providers please complete this section)**

Referred by: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Telephone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

**Agency Use Only**

Date received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Eligible:  Yes  No Assigned to: \_\_\_\_\_

Original Referral Source Contact:  Yes  No Date: \_\_\_\_/\_\_\_\_/\_\_\_\_