



Home  
Visiting  
Online

# Healthy Families Northern Michigan Screen Form

## INFORMATION

<b>Date of screening</b> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <small>Month Day Year</small>			<b>Parent name</b> First MI Last			<b>Parent date of birth</b> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <small>Month Day Year</small>			
<b>Race/ethnicity (Check only one)</b> <input type="checkbox"/> 1 White, non-Hispanic <input type="checkbox"/> 2 Black, non-Hispanic <input type="checkbox"/> 3 Hispanic/ Latina/Latino <input type="checkbox"/> 4 Asian			<input type="checkbox"/> 5 Native American <input type="checkbox"/> 6 Multiracial <input type="checkbox"/> 7 Other (Specify _____)			<b>Gender</b> <input type="checkbox"/> 1 Female <input type="checkbox"/> 2 Male		<b>Is parent: (check only one)</b> <input type="checkbox"/> 1 Mother <input type="checkbox"/> 2 Father <input type="checkbox"/> 3 Other (Specify _____)	
<b>Parent's address</b> _____ <small>Street Apt</small> _____ <small>City/Town Zip County</small>									
<b>Parent phone (no phone <input type="checkbox"/>)</b> Home phone - -					Cell or work phone - -				
<b>Due date/child's DOB</b> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <small>Month Day Year</small>			<b>Prenatal care: received/receiving?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			<b>First prenatal visit date</b> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> Check if date unknown <input type="checkbox"/>			
<b>Child's Name</b>									

## Demographic Criteria

Circle "T" if factor is present, "F" if it is not and "Unk" if you are unable to determine			
Marital status is single, separated, divorced, widowed	T	F	Unk
Late (started after the 12 <sup>th</sup> week of pregnancy) or no prenatal care, poor compliance	T	F	Unk
Inadequate income (TANF or Medicaid, employed without insurance or family financial concerns)	T	F	Unk
Parent is under 21 years of age at time of screen	T	F	Unk

- Yes! I would like a Healthy Families Northern Michigan home visitor to contact me.  
 Yes! If I don't answer, it is OK to leave a message.  
 No, I'm not interested in learning more about Healthy Families Northern Michigan.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

## Referral Information

<input type="checkbox"/> 1 Private physician <input type="checkbox"/> 2 Health clinic <input type="checkbox"/> 3 Hospital <input type="checkbox"/> 4 WIC	<input type="checkbox"/> 6 Home visiting program <input type="checkbox"/> 7 Visiting nurse <input type="checkbox"/> 8 Home health care agency <input type="checkbox"/> 9 Church	<input type="checkbox"/> 11 School <input type="checkbox"/> 12 Day care center <input type="checkbox"/> 13 Friends/family <input type="checkbox"/> 14 Door to door outreach
<b>Name of referral source</b> _____		
<b>Screener's name</b> First MI Last		<b>Screener's phone</b> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

If returning from an outside agency, please fax signed form to (989) 343-1895.