

Healthy Families Dauphin County

Hempfield Behavioral Health

251 Wiconisco Street

Harrisburg, PA 17110

Phone: 866-829-1154

Fax: 717-221-8006

REFERRAL FORM

Date: _____

Agency Referral Source: _____

Agency Phone Number: _____

Name of person referring client: _____

EDC (Estimated Due Date): _____

Gestation at time of referral: _____

Is this client a first time mother? YES NO

Client's Name: _____

Phone: _____

DOB: _____

Address: _____

What is the best time to reach you? _____

Please provide another contact person and telephone number that we may use if we are, for some reason, unable to contact the client at the above number.

Alternate contact: _____

Is the client aware that a social worker will be calling her to set up a visit or answer questions about the program? YES NO

Client Signature: _____ Date _____

If client is present, please have her sign for permission to FAX this referral and for a nurse to contact her.

The following information is helpful to us if you can provide it:

Does the client receive WIC? YES NO

Insurance provider (if any)? _____

Prenatal care provider? _____

Thank you for making a referral to HFDC!
Please fax referrals to Alison Rosen at 717-221-8006
For more information, please visit our website: www.hempfieldpa.com