

PATCHS Public Health Nurse Advocates Teaching Child Health & Safety



County of Riverside Department of Public Social Services
 4060 County Circle Drive, Riverside, CA 92503
 (909) 358-3000 FAX (909) 358-3036

CHILD'S NAME	LANGUAGE			SEX	AGE	BIRTHDATE
	ENG	SPA	OTHER			
1.						
2.						
3.						
4.						
5.						

ADDRESS:		PHONE:
CASE NAME:	MOTHER'S BIRTHDATE:	ETHNICITY:
PARENT OR CAREGIVER:	RELATIONSHIP TO CHILD:	CAREGIVER LANGUAGE:

REFERRING PROGRAM	INFORMATION NEEDED FOR:
ER: <input type="checkbox"/> 10-Day <input type="checkbox"/> Immediate <input type="checkbox"/> CDU	<input type="checkbox"/> Court Hearing <input type="checkbox"/> Case Management <input type="checkbox"/> Other _____
SOCIAL WORKER NAME AND PHONE #:	EXCEPTIONS
<input checked="" type="checkbox"/> DATE OF REFERRAL AND OFFICE:	<input type="checkbox"/> FM <input type="checkbox"/> FR <input type="checkbox"/> PPL <input type="checkbox"/> Other _____

REQUEST PHN TO ADDRESS	FOR EXCEPTIONS: (Required Signatures)
<input type="checkbox"/> A. Child's Developmental Status <input type="checkbox"/> B. Child's Health Status <input type="checkbox"/> C. Family's Nutrition & Child's Nutritional Needs <input type="checkbox"/> D. Immunizations <input type="checkbox"/> E. Medical Neglect <input type="checkbox"/> F. Newborn with Positive Toxicology <input type="checkbox"/> G. Drug Endangered Child (DEC) <input type="checkbox"/> H. Child's Failure-To-Thrive Status <input type="checkbox"/> I. Child's Medically Fragile Status <input type="checkbox"/> J. Follow-up Visits Related to A-H above: limit 2 <input type="checkbox"/> K. Case Review/Consultations	<input checked="" type="checkbox"/> _____ SUPERVISOR <input checked="" type="checkbox"/> _____ REGIONAL MANAGER <input checked="" type="checkbox"/> _____ DEPUTY DIRECTOR

REGION:
<input type="checkbox"/> West Corridor <input type="checkbox"/> Metro <input type="checkbox"/> Valley <input type="checkbox"/> Mid County <input type="checkbox"/> Desert <input type="checkbox"/> Placement Services <input type="checkbox"/> 2 nd Shift, TRAC & RCAT <input type="checkbox"/> Other _____ <input type="checkbox"/> Southwest
SOCIAL WORKER COMMENTS: _____ _____ _____ _____