

REFERRAL FOR PUBLIC HEALTH/WIC  
POSTPARTUM DEPRESSION OR  
LACTATION SUPPORT

Date: \_\_\_\_\_

Reason for referral: \_\_\_\_\_

REFERRING PROVIDER (Print) \_\_\_\_\_

Provider contact number (for questions) \_\_\_\_\_

Care Coordinator \_\_\_\_\_ Phone \_\_\_\_\_

Provider/Care Coordinator's return fax \_\_\_\_\_

Clinic site: ☐ Richmond ☐ N. Richmond ☐ Martinez ☐ Concord  
☐ Bay Point ☐ Pittsburg ☐ Antioch ☐ Brentwood

Mother's name \_\_\_\_\_ Birthdate \_\_\_\_\_

Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_ OK to leave message? ☐ Yes ☐ No

Preferred language \_\_\_\_\_

Baby's name \_\_\_\_\_ Birthdate \_\_\_\_\_

Birth weight (kg) \_\_\_\_\_ Discharge weight \_\_\_\_\_ Today's weight \_\_\_\_\_

**Referral Indication**

- ☐ Postpartum Depression (PHQ score 6 or >)
- ☐ Breastfeeding problems (Phone support)  
(latch; sore nipples; milk supply; returning to work  
or school)
- ☐ Weight loss >8%
- ☐ Other Medical or Social issues requiring follow-up  
(Please specify above)

**Resource / Phone /FAX**

Public Health Nursing  
925 313-6250 / FAX 313-6029

WIC Lactation consultant  
925 646-5200 / FAX 646-5029

Public Health Nursing  
925 313-6250 / FAX 313-6029

Public Health Nursing  
925 313-6250 / FAX 313-6029

Disposition \_\_\_\_\_

Date \_\_\_\_\_ Person/Phone \_\_\_\_\_