



Contra Costa FIMR Program Referral Form

FAX referrals to (925) 313-6708 ATTN: FIMR Program

- *Referrals can only be faxed/called in with the knowledge and permission of the client*
- *Referral will be forwarded by CC FIMR to the Contra Costa Crisis Center (CCCC) for grief and bereavement support services*
- *Client can also call CCCC directly 24/7 to 1-800-837-1818*
- *Calls into CCCC are returned within 24 hours*

Date of Referral: _____ Referring Agency: _____

Name and Number of Referring Staff: _____

Referral requested by (*check only one*): Mother Father

Did you get the verbal consent from client to fax referral to CC FIMR & CCCC? Yes No

Does the client live in Contra Costa County? Yes No

Information

Name: _____ Date of Birth: _____

Primary Contact Number: _____ Is it o.k. to leave a message at the above number? _____

Preferred language: _____ Race/Ethnicity: _____

Name & Number of Prenatal Care Provider (*only if client is the mother*): _____

Hospital Name & Release Date (*only if client is the mother*): _____

Fetal/Infant Information Date of Infant Death/Fetal Loss: _____ Type of Loss: Fetal Infant

Age at Death/Number of weeks of gestational loss: _____ Male Female

Infant's Name (*if applicable*): _____

Cause of Death/Circumstances Surrounding Death (*if known*): _____

Date of Receipt by CC FIMR: _____



Date of Referral Faxed to CCCC: _____

