

FAX COVER SHEET

DEPRESSION AND ANXIETY REFERRAL TO PUBLIC HEALTH NURSING

Phone: 925-313-6250

For WIC clients with a score of 6-12 PHQ4 or 1-3 on questions 5 and 6

FAX TO: 925-313-6029

Please include:

1. WIC family profile (prepare package for print)
2. Client's date of birth ___ / ___ / ___ (required)
3. Medical Insurance? Kaiser Medi-Cal Other None
4. Screening form/ Name of client
5. Medical Conditions of client (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Obesity (>30BMI) | <input type="checkbox"/> Breastfeeding Problems |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Hx of Family Abuse |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Hx of Substance Abuse |
| <input type="checkbox"/> Thyroid | <input type="checkbox"/> Anemia |
| <input type="checkbox"/> C-Section | <input type="checkbox"/> Other |
| <input type="checkbox"/> Pregnancy | |

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