



Patient Referral Form

Referral Guidelines

1. To refer a potential pregnant patient or a patient no more than 60 days post-partum, please complete this form and return it, along with a copy of the release of information form and the substance use screening tool used (e.g., PN-2*, PT-1, ACH-94, ACH-282, H&P 13, H&P 14, HCV-2, etc.) to determine eligibility, to the designated KIDS NOW Plus mailbox/drop box within the Health Department/Medical Office. (*PN-2 Preferred)
2. The patient you refer will be contacted by a KY-Moms MATR Prevention Specialist or Case Manager within 48-hours of receipt of Referral form.
3. Only one referral per pregnancy, per patient can be made. If a patient is referred by more than one medical provider, the first referral received will be the one accepted.
4. Please attach a patient signed Release of Information form.

Patient Information

Patient Name: _____ Date of Referral: _____
Patient Address: _____ Preferred contact Method: _____ #: _____

(Email/Text/Phone) Email: _____

Referral Information

Please circle patient's current status: **Pregnant** **Post-Partum**

Diagnosis Code: _____

Due Date/
Delivery Date: _____

Medicaid #: _____

YES / NO **Does patient currently present with substance use RISK FACTORS during pregnancy?**

YES / NO **Does patient currently present with SUBSTANCE USE concerns during pregnancy?**

Referring Doctor (Printed): _____

Signature: _____

Name of Referring Agency: _____

For KY-Moms MATR Use Only

Date Received: _____ Contacted? _____

Prevention Education Appointment? _____ Case Management Appointment? _____