

# REFERRAL/REGISTRATION (RR) FORM



*\*Required Field*

HRIF I.D. #

## HOSPITAL/CENTER INFORMATION (Optional)

Hospital Specific Medical I.D. #

Infant's First Name:

Infant's Last Name:

Infant's AKA-1 Last Name:

Infant's AKA-2 Last Name:

Primary Caregiver's First Name:

Primary Caregiver's Last Name:

Street Address:

City:           State/Country: CA Zip Code:

Home Phone Number: () -

Alternate Street Address:

City:           State/Country: CA Zip Code:

Alternate Phone Number: () -

## PROGRAM REGISTRATION INFORMATION

CCS #

Infant **NOT** CPQCC NICU Eligible

\*NICU Reference ID         -       (NICU HCAI ID (formerly OSHPD) - NICU Record ID)

\*Date of Birth:   -   -     (MM-DD-YYYY)

\*Birth Hospital:

\*Birth Weight:     Grams \*Gestational Age:   Weeks  Days (0-6)

\*Singleton/Multiple:  Singleton  Multiple:   (ex: 2A)

\*Infant's Sex:  Male  Undetermined  Female  Unknown \*Infant's Ethnicity:  Hispanic /Latino  Non-Hispanic  Unknown

\*Infant's Race

- check only *ONE*
- Single:**
- Multiracial:**
- Unknown:**
- Black or African American
  - Asian
  - Native Hawaiian or Other Pacific Islander
  - American (North, South or Central) Indian or Alaskan Native
  - White
  - Other
  - Unknown

### NEW ITEM - COMPLETE FOR INFANTS BORN IN 2025

\*Infant's Race/Ethnicity (Check all that apply)

- American Indian or Alaskan Native
- Asian
- Black or African American
- Hispanic / Latino
- Middle Eastern or North African
- Native Hawaiian or Pacific Islander
- White
- Other
- Unknown
- Declined

\*Hospital Discharging to Home:

Referring CCS NICU:

\*Date of Discharge to Home:   -   -     (MM-DD-YYYY)  Infant Still in Hospital

# REFERRAL/REGISTRATION (RR) FORM



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**HRIF I.D. #**

## PROGRAM REGISTRATION INFORMATION - continue

<b>*Birth Mother's Date of Birth</b> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (MM-DD-YYYY)	<b>*Birth Mother's Ethnicity</b> <input type="checkbox"/> Hispanic /Latino <input type="checkbox"/> Unknown
<input type="checkbox"/> Non-Hispanic	

<b>*Birth Mother's Race</b>	check only <u>ONE</u> <input type="checkbox"/> <b>Single:</b>  <input type="checkbox"/> <b>Multiracial:</b>  <input type="checkbox"/> <b>Unknown:</b>	<input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> American (North, South or Central) Indian or Alaskan Native <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Unknown
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### NEW ITEM - COMPLETE FOR INFANTS BORN IN 2025

<b>*Birth Mother's Race/Ethnicity</b> (Check all that apply)	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> White <input type="checkbox"/> Unknown	<input type="checkbox"/> Asian <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Declined
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**\*Insurance** (Check all that apply)

<input type="checkbox"/> CCS	<input type="checkbox"/> Commercial HMO	<input type="checkbox"/> Commercial PPO	<input type="checkbox"/> Medi-Cal
<input type="checkbox"/> Point of Service/EPO	<input type="checkbox"/> No Insurance/Self Pay	<input type="checkbox"/> Other	<input type="checkbox"/> Unknown

**Primary Caregiver**

<input type="checkbox"/> Mother	<input type="checkbox"/> Other Relatives/Not Parents	<input type="checkbox"/> Foster Family/CPS	<input type="checkbox"/> Other
<input type="checkbox"/> Father	<input type="checkbox"/> Non-Relative	<input type="checkbox"/> Pediatric Subacute Facility	<input type="checkbox"/> Unknown
<input type="checkbox"/> Both Parents	<input type="checkbox"/> Foster/Adoptive Family		

**Zip Code of Pediatric Subacute Facility, if Checked:**

**Zip Code of Primary Caregiver Residence:**

<b>Education of Primary Caregiver</b>	<input type="checkbox"/> <9 <sup>th</sup> Grade <input type="checkbox"/> Some College <input type="checkbox"/> Other	<input type="checkbox"/> Some High School <input type="checkbox"/> College Degree <input type="checkbox"/> Unknown	<input type="checkbox"/> High School Degree/GED <input type="checkbox"/> Graduate School or Degree <input type="checkbox"/> Declined
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<b>Caregiver Employment</b>	<input type="checkbox"/> Full-Time <input type="checkbox"/> Multiple Jobs <input type="checkbox"/> Unknown	<input type="checkbox"/> Part-Time <input type="checkbox"/> Work From Home <input type="checkbox"/> Declined	<input type="checkbox"/> Temporary <input type="checkbox"/> Not Currently Employed
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<b>*Primary Language Spoken at Home</b> (Check only <u>ONE</u> )	<input type="checkbox"/> English <input type="checkbox"/> Armenian <input type="checkbox"/> Hindi <input type="checkbox"/> Korean <input type="checkbox"/> Mon-Khmer/Cambodian <input type="checkbox"/> Sign Language <input type="checkbox"/> Vietnamese	<input type="checkbox"/> Spanish <input type="checkbox"/> Cantonese <input type="checkbox"/> Hmong/Miao <input type="checkbox"/> Mandarin <input type="checkbox"/> Punjabi <input type="checkbox"/> Tagalog <input type="checkbox"/> Other: _____	<input type="checkbox"/> Arabic <input type="checkbox"/> Farsi/Persian <input type="checkbox"/> Japanese <input type="checkbox"/> Mixteco <input type="checkbox"/> Russian <input type="checkbox"/> Thai
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<b>Secondary Language Spoken at Home</b> (Optional – Check only <u>ONE</u> )	<input type="checkbox"/> N/A <input type="checkbox"/> Arabic <input type="checkbox"/> Farsi/Persian <input type="checkbox"/> Japanese <input type="checkbox"/> Mixteco <input type="checkbox"/> Russian <input type="checkbox"/> Thai	<input type="checkbox"/> English <input type="checkbox"/> Armenian <input type="checkbox"/> Hindi <input type="checkbox"/> Korean <input type="checkbox"/> Mon-Khmer/Cambodian <input type="checkbox"/> Sign Language <input type="checkbox"/> Vietnamese	<input type="checkbox"/> Spanish <input type="checkbox"/> Cantonese <input type="checkbox"/> Hmong/Miao <input type="checkbox"/> Mandarin <input type="checkbox"/> Punjabi <input type="checkbox"/> Tagalog <input type="checkbox"/> Other: _____
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## \*MEDICAL ELIGIBILITY PROFILE (Check all that apply)

**\*Required Section**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Birth Weight $\leq$ 1500 Grams      | <input type="checkbox"/> Seizure Activity / Anti-Seizure Meds | <input type="checkbox"/> INO > 4 Hours / Meds for PPHN |
| <input type="checkbox"/> Gestational age at Birth < 32 Weeks | <input type="checkbox"/> Oxygen > 28 Days and CLD             | <input type="checkbox"/> ECMO                          |
| <input type="checkbox"/> Persistent Apnea                    | <input type="checkbox"/> Neonatal Encephalopathy              |  |

- CHD Requiring Surgery / Intervention      Was the Norwood or a single ventricle palliation procedure performed?       No       Yes

CCS Cardiac Center: \_\_\_\_\_

**Persistently Unstable Infant:**

- Hypoxia
- Acidemia
- Hypoglycemia
- Hypotension Requiring Pressors

**Cardiorespiratory Depression:**

- Apgar Score  $\leq$  3 at 5 Minutes
- Apgar Score < 5 at 10 Minutes
- pH < 7.0 on an Umbilical Blood Sample
- pH < 7.0 on Blood Gas at < 1 Hour of Age

**Intracranial Pathology with Potential for Adverse Neurologic Outcome:**

- Intracranial Hemorrhage
- PVL
- Cerebral Thrombosis
- Cerebral Infarction
- Developmental CNS Abnormality
- Other

**Other Problems that Could Result in Neurologic Abnormality:**

- CNS Infection
- Documented Sepsis
- Bilirubin
- Cardiovascular Instability
- HIE
- Other