

REFERRAL/REGISTRATION (RR) FORM



HRIF ID #

**Required Field*

PROGRAM REGISTRATION INFORMATION

CCS # Infant **NOT** CPQCC NICU Eligible

*NICU Reference ID - (NICU HCAl 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 Female Undetermined Undetermined

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

<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Asian
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Hispanic / Latino
<input type="checkbox"/> Middle Eastern or North African	<input type="checkbox"/> Native Hawaiian or Pacific Islander
<input type="checkbox"/> White	<input type="checkbox"/> Other
<input type="checkbox"/> Unknown	<input type="checkbox"/> Declined

*Hospital Discharging to Home:

Referring CCS NICU:

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

*Birth Mother's Date of Birth -- (MM-DD-YYYY) Unknown

*Birth Mother's Race / Ethnicity (Check all that apply)

<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Asian
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Hispanic / Latino
<input type="checkbox"/> Middle Eastern or North African	<input type="checkbox"/> Native Hawaiian or Pacific Islander
<input type="checkbox"/> White	<input type="checkbox"/> Other
<input type="checkbox"/> Unknown	<input type="checkbox"/> Declined

*Insurance (Check all that apply)

<input type="checkbox"/> CCS	<input type="checkbox"/> CCS	<input type="checkbox"/> CCS	<input type="checkbox"/> CCS
<input type="checkbox"/> Point of Service/EPO	<input type="checkbox"/> Point of Service/EPO	<input type="checkbox"/> Point of Service/EPO	<input type="checkbox"/> Point of Service/EPO

Primary Caregiver

<input type="checkbox"/> Mother	<input type="checkbox"/> Mother	<input type="checkbox"/> Mother	<input type="checkbox"/> Mother
<input type="checkbox"/> Father	<input type="checkbox"/> Father	<input type="checkbox"/> Father	<input type="checkbox"/> Father
<input type="checkbox"/> Both Parents	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Both Parents

Zip Code of Pediatric Subacute Facility, if Checked:

Zip Code of Primary Caregiver Residence:

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PROGRAM REGISTRATION INFORMATION - <i>continue</i>			
Education of Primary Caregiver	<input type="checkbox"/> <9 th 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
Caregiver Employment	<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
*Primary Language Spoken at Home (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
Secondary Language Spoken at Home (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: _____

*MEDICAL ELIGIBILITY PROFILE (Check all that apply)

***Required Section**

- | | | |
|--|---|--|
| <input type="checkbox"/> Birth Weight ≤ 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 ≤ 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