REFERRAL/REGISTRATION (RR) FORM

HIGH RISK INFANT FOLLOW-UP

HRIF ID # _____

**Required Field*

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**

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

***Birth Mother's Ethnicity**
☐ Hispanic /Latino ☐ Non-Hispanic ☐ Unknown

***Birth Mother'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

***Birth Mother'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

REFERRAL/REGISTRATION (RR) FORM

HIGH RISK INFANT FOLLOW-UP

HRIF ID # _____

*Required Field

PROGRAM REGISTRATION INFORMATION - *continue*

***Insurance** (Check all that apply)

☐ CCS	☐ Commercial HMO	☐ Commercial PPO	☐ Medi-Cal
☐ Point of Service/EPO	☐ No Insurance/Self Pay	☐ Other	☐ Unknown

Primary Caregiver

☐ Mother	☐ Other Relatives/Not Parents	☐ Foster Family/CPS	☐ Other
☐ Father	☐ Non-Relative	☐ Pediatric Subacute Facility	☐ Unknown
☐ Both Parents	☐ Foster/Adoptive Family		

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

Zip Code of Primary Caregiver Residence: ☐☐☐☐☐

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

*MEDICAL ELIGIBILITY PROFILE (Check all that apply)

*Required Section

☐ **Birth Weight ≤ 1500 Grams**	☐ **Seizure Activity / Anti-Seizure Meds**	☐ **INO > 4 Hours / Meds for PPHN**
☐ **Gestational age at Birth < 32 Weeks**	☐ **Oxygen > 28 Days and CLD**	☐ **ECMO**
☐ **Persistent Apnea**	☐ **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