

San Diego County Black Infant Health (BIH) Program

REFERRAL FORM

286 EUCLID AVENUE, SUITE 308, SAN DIEGO, CA 92114 | (619) 266-7466 WWW.SDBIH.ORG

Eligibility:

- Self-identify as Black or African American
- 16 years of age or older
- Pregnant or up to 6 months postpartum

Complete & Submit Form Either By:

- Fax: (619) 262-9188
- Click: "SUBMIT FORM" at the bottom
- Email: BIH@NEIGHBORHOODHOUSE.ORG
- Call: (619) 266-7466 for pick-up

MOTHER'S INFORMATION

Name: _____	Date of Birth: _____
Address: _____	City: _____ Zip Code: _____
Phone: _____	Email: _____

Number of Weeks Pregnant: _____	First-Time Mom: <input type="checkbox"/> Yes <input type="checkbox"/> No
Baby's Due Date: _____	If postpartum (within 6 months), date of delivery: _____
Comments: _____	

REFERRAL SOURCE

Organization: _____	Staff: _____
Referral Date: _____	Phone: _____
Fax: _____	Email: _____

By checking the box below, you (referring agency) are confirming the client/patient agrees to be contacted by the Black Infant Health (BIH) Program.

Yes, client/patient agrees to be contacted. Date: _____

REFERRAL OUTCOME (BIH STAFF ONLY)

Referral Received: _____	BIH Staff: _____
Date: _____	Comments: _____
Date: _____	Comments: _____
Date: _____	Comments: _____

Thank you for your BIH program referral!



The San Diego County BIH Program receives funding from the State of California, Department of Public Health, Maternal, Child, and Adolescent Health Division through the County of San Diego, Health and Human Services Agency. The San Diego County BIH Program is operated by Neighborhood House Association.