REFERRAL/REGISTRATION (RR) FORM

HIGH RISK INFANT FOLLOW-UP

*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

Infant enrolled in a CCS clinic other than the HRIF Program: ☐ No ☐ Yes ☐ Unknown

CCS # ☐☐☐☐☐☐☐☐ ☐ **Infant NOT CPQCC NICU Eligible**

***NICU Reference ID** ☐☐☐☐☐☐ - ☐☐☐☐☐ *(NICU OSHPD Facility Code - 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 ☐ Declined

Infant's Race *check only ONE*

☐ **Single:**

☐ **Multiracial:**

- ☐ Black or African American
- ☐ Asian
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ American (North, South or Central) Indian or Alaskan Native
- ☐ 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

HIGH RISK INFANT FOLLOW-UP

*Required Field

HRIF I.D. #

PROGRAM REGISTRATION INFORMATION - *continue*

***Birth Mother's Date of Birth**

☐☐-☐☐-☐☐☐☐ (MM-DD-YYYY) ☐ Unknown

Birth Mother's Ethnicity

☐ Hispanic /Latino ☐ Non-Hispanic
☐ Unknown ☐ Declined

Birth Mother's Race

check only ONE

☐ **Single:**

☐ **Multiracial:**

☐ Black or African American
☐ Asian
☐ Native Hawaiian or Other Pacific Islander
☐ American (North, South or Central) Indian or Alaskan Native
☐ White
☐ Other
☐ Unknown
☐ Declined

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 College ☐ Other
☐ Some High School ☐ College Degree ☐ Unknown
☐ High School Degree/GED ☐ Graduate School or Degree ☐ Declined

Caregiver Employment

☐ Full-Time ☐ Multiple Jobs ☐ Unknown
☐ Part-Time ☐ Work From Home ☐ Declined
☐ Temporary ☐ Not Currently Employed

Primary Language Spoken at Home (Check only ONE)

☐ English ☐ Spanish ☐ Arabic
☐ Armenian ☐ Cambodian/Khmer ☐ Cantonese
☐ Farsi/Persian ☐ Hmong/Miao ☐ Korean
☐ Mandarin ☐ Russian ☐ Sign Language
☐ Tagalog ☐ Vietnamese ☐ Other
☐ Unknown ☐ Declined

Secondary Language Spoken at Home (Optional – Check only ONE)

☐ N/A ☐ English ☐ Spanish
☐ Arabic ☐ Armenian ☐ Cambodian/Khmer
☐ Cantonese ☐ Farsi/Persian ☐ Hmong/Miao
☐ Korean ☐ Mandarin ☐ Russian
☐ Sign Language ☐ Tagalog ☐ Vietnamese
☐ Other ☐ Unknown ☐ Declined

*MEDICAL ELIGIBILITY PROFILE (Check all that apply)

*Required Section

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

☐ **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