REFERRAL/REGISTRATION (RR) FORM

HIGH RISK INFANT FOLLOW-UP QUALITY OF CARE INITIATIVE

*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 Eligible**

***CPQCC Reference #** ☐☐☐☐☐☐ - ☐☐☐☐☐ *(CCS NICU OSHPD Code - CPQCC Network Patient 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 Gender:** ☐ Male ☐ Unknown ☐ Female

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 QUALITY OF CARE INITIATIVE

*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

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