



Empowering Pregnant and Mothering African American Women

Santa Clara County Black Infant Health Program Client Referral Form

Attention: **Beverley White-Macklin**

E-mail: Beverley.White@phd.sccgov.org

Fax: (408) 937-2291 Phone: (408) 937-2270

Date: _____

Referral Source: (please circle one)

Social Services Medical Provider Returning Client Self other

Agency (Please specify): _____

Contact Person (Email/Phone #): _____

Client Information:

Name: _____ Date of Birth: _____

Address: _____

Zip Code: _____ Phone Number: _____

Estimated due date (if applicable): ____/____/____

Please check all that apply to the woman being referred:

- Currently pregnant 30 weeks or less**
- Currently pregnant 31 weeks or more**
- Postpartum and infant is 6 months or less**
- African/African American descent**
- At least 16 years of age or older**

Additional Information:
