UAMS
COLLEGE OF MEDICINE
DEPARTMENT OF PEDIATRICS

FOLLOWING BABY BACK HOME

Please fax referral to: 501-526-8740

Following Baby Back Home ❖ FBBH main phone 501-526-8715

A home visiting and case management service for families of medically-complex, high-risk infants.

Referral Date:	Referring Name:	
Referring Hospital:	Baby currently in hospital? ☐ Yes ☐ No	Estimated D/C Date: _____
Contact Phone:	Parent informed of Referral to Following Baby Back Home? ☐ Yes ☐ No	

Baby Last Name:	Discharge Date:	
Baby First Name:	Date of Birth:	
Mother's Name:	☐Male ☐Female	☐Twin ☐Triplet
Primary Caregiver name(s): ☐ Mother ☐ Grandparent ☐ Father ☐ Other (specify)	Gestational Age (weeks):	
	Birth Weight (grams):	
Secondary Caregiver(s): ☐ Mother ☐ Grandparent ☐ Father ☐ Other (specify)	Discharge Weight (grams):	
	Medicaid #: Private Insurance? ☐Yes ☐No	
Street Address:		
Address2:	PCP:	
City/ST/Zip:	PCP Phone:	
Telephones: Home _____ Mobile _____ Mobile _____ Emergency Contact/phone: _____	Race (check any applicable): Primary Language: _____ ☐ Need Interpreter	☐ African American ☐ American Indian ☐ Asian ☐ Caucasian ☐ Hispanic ☐ Pacific Islander ☐ Other

Primary Diagnosis: ☐ PTNB	☐Formula: ☐BF Type Formula:	Referred to: ☐ HRNB Clinic ☐ Medical Home Clinic ☐ Growth & Development Clinic ☐ Other_____
Other Diagnoses:	Route of Formula: ☐ PO ☐ GT ☐ Other	

Medical Notes: ☐ Reflux Precautions ☐ Seizure Precautions ☐ Suction ☐ O_2 Monitor ☐ Tracheotomy ☐ GT/Feeding Tube ☐ Apnea Monitor ☐ Other: _____	Surgical Procedures:	Social Concerns ☐ DCFS Involvement ☐ Mental Health ☐ Substance Abuse ☐ Financial ☐ Parenting ☐ Other: _____

FBBH Office Use Only

Notified referral source:
☐ Out of catchment
☐ Placed on waiting list
☐ Unable to provide services
☐ Central ☐ Northeast
☐ Northwest ☐ River Valley
☐ South ☐ Southwest