UAMS
COLLEGE OF MEDICINE
DEPARTMENT OF PEDIATRICS

FOLLOWING BABY BACK HOME

Please fax referral to: 501-526-8740

FBBH email FBBHInfo@uams.edu ❖ 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 ☐ Yes in hospital? ☐ 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):
Secondary Caregiver(s): ☐ Mother ☐ Grandparent ☐ Father ☐ Other (specify)		Birth Weight (grams): Discharge Weight (grams):
Street Address:		Medicaid #: Private Insurance? ☐Yes ☐No
Address2:		PCP:
City/ST/Zip:		PCP Phone:
Telephones: Home _____ Mobile _____ Mobile _____ Emergency Contact/phone: _____		Race (check any applicable): ☐ African American ☐ Pacific Islander ☐ Hispanic ☐ American Indian ☐ Caucasian ☐ Asian ☐ Other Primary Language: _____ ☐ Need Interpreter

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