



PASOs Program Referral Form

Please complete the information below, and fax it or email it to the contact in your county:

Beaufort: Fax (803) 522-5066 or email yajaira@scpasos.org

Charleston: Fax (843) 792-2104 or email pasos.charleston@gmail.com

Coastal Plain: Fax (803) 435-5274 or email gcardona@clarendonhealth.com

Greenville: Fax (803) 455-3813 or email andrea@scpasos.org

Midlands: Fax (803) 777-0318 or email margarita@scpasos.org

Saluda: Fax (803) 829-8445 or email ana@scpasos.org

Date: _____

Patient's Name: _____

Address: _____

Phone Number: _____

Weeks of pregnancy: _____ **Due date:** _____

Refer to (check applicable boxes)

Prenatal Classes: _____

Connect to community resources (specify women's need): _____

Social Support (Specify women's need): _____

Referred By:

Print Name: _____

E-mail: _____ **Phone:** _____

I would like follow up confirmation on this referral: **YES** **NO**

(PASOs Program Use only)

Confirmation follow-up

Signature: _____

Date: _____