



## PASOs Program Referral Form

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

**Midlands:** Fax (803) 777-0318 or e-mail [margarita@scpasos.org](mailto:margarita@scpasos.org)

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

**Greenville:** Fax (864)455-3813 or email [andrea@scpasos.org](mailto:andrea@scpasos.org)

**Beaufort:** Fax (843)522-5066 or email [yajaira@scpasos.org](mailto:yajaira@scpasos.org)

**Date:** \_\_\_\_\_

**Patient's Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Weeks of pregnancy:** \_\_\_\_\_ **Due date:** \_\_\_\_\_

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**Refer to** (check applicable boxes)

**Prenatal Classes:** \_\_\_\_\_

**Connect to community resources** (specify women's need): \_\_\_\_\_

**Social Support** (Specify women's need): \_\_\_\_\_

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**Referred By:**

**Print Name:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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

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**(PASOs Program Use only)**

Confirmation follow-up

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_