



# Panhandle Health District

Healthy People in Healthy Communities

**Public Health**  
Prevent. Promote. Protect.

Panhandle Health District

## Nurse-Family Partnership / Parents As Teachers Referral Consent Form

<b>To: Cindi Richardson, BSN, RN</b>	<b>From:</b> _____
<b>Phone: 208-415-5298</b>	<b>Office:</b> _____
<b>FAX: 208-772-3253</b>	<b>Phone:</b> _____
<b>E-Mail: crichardson@phd1.idaho.gov</b>	<b>FAX:</b> _____

**First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **Best time to call or text** \_\_\_\_\_

**Your Date of Birth** \_\_\_\_\_ **# of Children Under 12 months of Age** \_\_\_\_\_

**If Pregnant Estimated Due Date** \_\_\_\_\_

*I hereby authorize the release of my name and information to Nurse-Family Partnership / Parents As Teachers program at Panhandle Health District, who may contact me via phone or text (SMS text messaging is not encrypted).*

\_\_\_\_\_  
*Signature*

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

\*\*\*\*\*

**What can we do for you?**

*Please check what you'd like to know more about*

- Getting Medicaid/WIC/Food Stamps
- Finding stable housing
- Job seeking support
- GED classes
- Relationship information
- Finding a counselor
- Quitting smoking

- What to expect during pregnancy
- Childhood development and behaviors
- What a new baby needs
- Someone to talk to
- Making home safe for family
- Breastfeeding
- Reducing stress

