



Onondaga County Health Department

Healthy Families Division

John H. Mulroy Civic Center · 421 Montgomery Street, Syracuse, NY 13202
Phone 315.435.2000 · Fax 315.435.5033



J. Ryan McMahon II, County Executive · Indu Gupta, MD, MPH, Commissioner of Health

Client Last Name: _____ First Name: _____ DOB: _____

Address: _____

Apt. #: _____ City: _____ Zip Code: _____

Phone #: _____ Alternate #: _____ Language: _____

Name of Doctor: _____ No Doctor

Insurance information: No insurance
 Private insurance and name _____
 Medicaid and number _____ Other: _____

Please check all that apply: Are you?

- Pregnant – **Due date** _____ Pregnant with your first child? Yes No
- Parenting (infant/child under two years of age)

Please list your infant/children under two years of age:

Child's Name: _____ DOB: _____ Sex: M F

Child's Name: _____ DOB: _____ Sex: M F

Your Child's Doctor's Name: _____

Please check what you would like help with and/or more information on:

- Pregnancy-** what to expect, getting ready to have a baby, labor and delivery
- After delivery-** what to expect after the baby, family planning, birth control
- Infant care-** bathing, feeding, what to expect as they grow and develop
- Breastfeeding-** how to breastfeed, questions about breastfeeding, support and resources
- Parenting-** child care, potty training, stress, supports and resources, fatherhood
- Grief-** death of my baby, coping, community supports for me and my family
- Depression-** mental health concerns during pregnancy and/or after delivery
- Other-** WIC Housing Finances Job Education Insurance
 Food Stamps Baby supplies, crib, etc. Early Intervention Doula

Other: _____

Name of person completing this form: _____ Phone: _____

Referring agency & contact: _____ Date: _____

Is the client aware of referral? Yes No

Received by: _____ Date: _____



Visit us: www.onhealthyfamilies.com · Follow us: facebook.com/HealthyFamiliesOnondaga