



## Oasis Center of the Rogue Valley

1025 East Main St. Suite 108, Medford, OR 97504 • (541) 200-1530

Submit form to address above or fax to 541-772-0284

or securely email to New Patient Coordinator Renee Dodge at [reneed@oasiscenterroguevalley.org](mailto:reneed@oasiscenterroguevalley.org)

# Prenatal Care Referral and Consent Form

The Oasis Center in partnership with Nurture Oregon is a voluntary program providing supports and services for pregnant and postpartum women who have used and/or are using substances during their pregnancy.

### I would like to:

Refer myself

Refer someone else

Name of person interested in services: \_\_\_\_\_

Contact info (safe phone number/email): \_\_\_\_\_

### If you are referring someone else, what is your name and contact information?

Name: \_\_\_\_\_

Contact: \_\_\_\_\_

What are some of the goals or concerns that this individual would like the Oasis Center to help with? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is the person aware that you are referring them to Oasis Center Nurture Oregon services and that a Peer Support Specialist will be contacting them?

Yes

No