



BOULDER COUNTY  
PUBLIC HEALTH

Opportunity for a healthy life.

## GENESIS Program Referral

Referral date: \_\_\_\_\_ Agency: \_\_\_\_\_

Referred by: \_\_\_\_\_ Phone: \_\_\_\_\_

Client name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Due date or baby's birthday: \_\_\_\_\_

Monolingual Spanish-speaking: Yes No

Client Address: \_\_\_\_\_

Client phone: \_\_\_\_\_

Can we leave a message at the number listed above? Yes No I don't know

Can we contact the client via text? Yes No

Comments:

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### GENESIS Program Contact

Name: Mary Faltynski RN, MPH

Phone: 303.678.6155

Fax: 303.678.6125

Email: [mfaltynski@bouldercounty.org](mailto:mfaltynski@bouldercounty.org)

Hours: 8 a.m.-4:30 p.m.

Internal Use: Prenatal Plus? Yes No