

# Referral Form



Referral Date: \_\_\_\_\_

## REFERRAL INFORMATION:

Client Name:		DOB:
Address:		
Phone:	Permission to Text: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If a minor, parent/guardian name:		

## REASON FOR REFERRAL:

- Assessment and Care Coordination for People with Disabilities or Older Adults
- Breastfeeding Support
- Car Seats
- Environmental Health Concerns
- Follow Along Program (growth and development screenings sent by mail)
- Immunizations

### Health Screenings/Services:

- Fluoride Varnish
- Lead
- Hemoglobin
- Mantoux Tuberculin Skin Test (TST)

- Footcare
- Nurse Home Visiting/ Parenting Support
  - Prenatal, Due Date: \_\_\_\_\_
  - Postpartum Newborn Visit, Child's name and DOB: \_\_\_\_\_
  - Growth/Weight Check
  - Parenting Support, Child's name and DOB: \_\_\_\_\_

- \*Reproductive and Sexual Health Services
- WIC
- Other: \_\_\_\_\_

*\*Reproductive and Sexual Health Services includes pregnancy testing, birth control, emergency contraceptives, STI screening and treatment/referral, and sexual health education.*

## COMMENTS | CONCERNS:

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Referred by:	Type of Worker:
Phone:	Date:

## If required by referring agency:

I hereby grant, \_\_\_\_\_, permission to share the above referral information with Polk County Public Health.

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

After completing the form, please save it and email it to: [PCPHReferral@co.polk.mn.us](mailto:PCPHReferral@co.polk.mn.us)  
Or fax to 218-281-7376

### East Grand Forks Office

1424 Central Ave NE  
East Grand Forks, MN 56721  
P: 218-773-2431

### Crookston Office

816 Marin Ave Suite 125  
Crookston, MN 56716  
P: 218-281-3385  
F: 218-281-7376

### McIntosh Office

250 Cleveland Ave SW  
McIntosh, MN 56556  
P: 218-563-2010