

COUNTY OF PLACER
DEPARTMENT OF HEALTH AND HUMAN SERVICES
 PUBLIC HEALTH

Office Use Only	
S.T. # _____	
Signed HIPAA on File:	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

PUBLIC HEALTH REFERRAL FORM

Name: _____		Date of Referral: _____	
Birth Date: _____	Age: _____	To: _____	
Address: _____		<input type="checkbox"/> In Home Support Svcs	<input type="checkbox"/> General Nursing
City: _____	State: _____ Zip: _____	From: Agency: _____	
Home Phone: _____	Work Phone: _____	Person: _____	
Race: _____	Sex: _____	Address: _____	
Marital Status: Single Married		Phone: _____	
Language Spoken: _____		Client Notified of Referral:	Yes No
Physician's Name: _____		Physician's Phone Number: _____	
<u>Family Members</u>	<u>Birth Date</u>	<u>Relationship</u>	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	

Reason for Referral:

<input type="checkbox"/> Education/Anticipatory Guidance	<input type="checkbox"/> Link to Durable Medical Equipment Resources	<input type="checkbox"/> Nursing Assessment
<input type="checkbox"/> Link to Resources/Services	<input type="checkbox"/> Safety/Fall Risk Assessment	<input type="checkbox"/> Teen Pregnancy/Parenting
<input type="checkbox"/> Link to Medical Provider	<input type="checkbox"/> Developmental Assessment	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Medical Certification		

County Use Only: (Notes)

Return this form by fax or mail:
 Fax: 530-889-7198
 Mail: Placer County Public Health
 Attn: Nursing Referrals
 11484 B Ave
 Auburn, CA 95603