



Public Health
Prevent. Promote. Protect.

Polk-Norman-Mahnomen Community Health Services Referral Form

Polk County Public Health

816 Marin Ave. #125 (PO Box 403)
Crookston, MN 56716
PH: 218-281-3385
Fax: 218-281-7376

Norman-Mahnomen Public Health

Mahnomen County Office
115 Madison Av (Box 226)
Mahnomen, MN 56557
PH 218-935-2527
Fax: 218-935-5331

Norman County Office
15 E 2nd Av. RM 107
Ada, MN 56510
PH: 218-784-5425
Fax: 218-784-7818

**WIC *Family Home Visiting *Public Health Clinic *Developmental Concerns *Family Planning *Healthy Homes*Other Public Health Services*

Date of Referral:

REFERRAL INFORMATION:

Client Name:	DOB:	Age:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address:			
Phone:	Best time to Contact:		
Child's name:	DOB:	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Insurance Type: <input type="checkbox"/> Private <input type="checkbox"/> MA <input type="checkbox"/> MN Care <input type="checkbox"/> None			
Clinic & MD:			

REASON FOR REFERRAL/SPECIFIC ORDERS/COMMENTS/CONCERNS:

<input type="checkbox"/> Prenatal	Date baby is due:	<input type="checkbox"/> Postpartum Newborn Visit
<input type="checkbox"/> Other or	<input type="checkbox"/> See attached:	

Referred by:	Type of Worker:
Phone:	Date:

I hereby grant _____ permission to share the above referral information with PCPH/NMPH.
(Referring Agency)

Signature: _____ **Date:** _____

**If required by referring agency.*

PLEASE FAX THIS REFERRAL FORM TO: POLK(218) 281-7376, NORMAN(218) 784-7818 or MAHNOMEN(218) 935-5331

Referrals to POLK County Public Health only may be emailed to: pcphreferral@co.polk.mn.us

Office Use Only		
Date Picked Up:	By:	
Phone Attempts:	Letter Sent/Date:	
Telephone Visit/Date:	Discussion:	
Home Visit Date:		
Signature of PCPH/NMPH Staff:	Date:	Time: