



Mendocino County Health and Human Services Agency

Public Health Services

MCAH Field Nursing

1120 South Dora Street, Ukiah, CA, 95482

Phone: (707) 472-2700 or 1-800-734-7793 (Toll-Free Countywide)

Fax: (707) 472-2735

Referral for Public Health Nursing Services

Date: _____ Referral From Provider/Agency: _____

Contact Person: _____ Phone: _____ Fax: _____

Is An Interpreter Needed? ☐ Yes ☐ No

Is Your Client Aware of This Referral? ☐ Yes ☐ No

CLIENT INFORMATION

☐ Pregnant (Due Date) ☐ Teen (18 & Under) ☐ Child (Age) ☐ Other

Client Name: _____ Date of Birth: _____

If Minor, Parent/Guardian: _____

Street Address, City, Zip: _____

Mailing Address: _____

Phone: _____ Message Phone/ Name _____

REASON FOR REFERRAL

- | | |
|--|---|
| <input type="checkbox"/> Help to Access Medical Services | <input type="checkbox"/> Help Applying for M/Cal/Healthy Families/Other Resources |
| <input type="checkbox"/> Health/Developmental Concerns | <input type="checkbox"/> Tobacco, Alcohol, Other Drug Information/Resources |
| <input type="checkbox"/> Health Information (Specify in Comments Below) | <input type="checkbox"/> Young Parent Program Student |
| <input type="checkbox"/> Other/Additional Concerns or Relevant Information | |

Comments: _____

REFERRAL/STATUS/OUTCOME - (Completed by Public Health Nursing Staff)

Assigned to Case Manager: _____ Date Client Contacted: _____ Initial Visit Scheduled: _____

- | | |
|---|---|
| <input type="checkbox"/> Client Declined to Participate | <input type="checkbox"/> Client Already Participating in: |
| <input type="checkbox"/> Unable to Locate Client or no Response to Repeated Attempts to Contact | |
| <input type="checkbox"/> Other: _____ | |

Comments: _____

PUBLIC HEALTH NURSING SIGNATURE: _____ DATE: ____/____/____