

FAMILY HEALTH REFERRAL FORM

Todd Fax: 320-732-4445
 Cass Fax: 218-547-7232
 Wadena Fax: 218-629-1027
 Morrison Fax: 320-632-0372



Caregiver: _____ **DOB:** _____
Last name First name M.I.

Address: _____ **Phone:** _____
Street City Zip Code

Is client aware of referral-
 or gave verbal consent? YES NO **Interpreter Needed?** NO YES -Language _____
OK to leave message? YES NO
 OK to text? YES NO

Family would benefit from support related to (check all that apply):

Pregnancy Postpartum- Delivered Baby in last 6 weeks Parenting

Currently Pregnant?	YES	NO	Is this your 1st Baby?	YES	NO	Due Date: _____
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Children in household: _____ DOB: _____ Sex: _____
 _____ DOB: _____ Sex: _____
 _____ DOB: _____ Sex: _____
 _____ DOB: _____ Sex: _____

Comments/
 Risk factors:

Referring Agency: _____	Date: _____
Person Making Referral/Title: _____	Phone Number: _____

All families may receive a Public Health Nurse home visit.

Public Health Nurses check the health status of families, weigh & measure infants and children, work with other community resources and answer any questions you may have about:

- Your Pregnancy
- Labor & delivery
- Breastfeeding
- How to calm a fussy baby
- When to start solid foods



- How to encourage the growth and development of your child
- Family planning/child spacing
- How to make your home safer for your family
- Community resources available to support your family

Please contact the appropriate county's **Public Health Nursing Department** with any questions. To make a referral complete this form and return it to the client's county of residence by faxing to the appropriate number listed above.

Updated 10/20/2020