



**Public Health**  
Prevent. Promote. Protect.

# Polk-Norman-Mahnomen Community Health Services Referral Form

**Polk County Public Health**

721 S. Minnesota St (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 2 <sup>nd</sup> 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 \*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: (218) 281-7376 Polk, (218) 784-7818 Norman or (218) 935-5331 Mahnomen**

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