



**OAKLAND COUNTY
HEALTH DIVISION**

REFERRAL

- 1200 N. Telegraph Rd., Dept. 432
Pontiac, MI 48341-0432
FAX # (248) 975-4457
- 27725 Greenfield Rd.
Southfield, MI 48076-3625
FAX # (248) 424-7144
- 1010 E. West Maple
Walled Lake, MI 48390-3588
FAX # (248) 960-7444

Questions? Call our Nurse-on-Call:
(248) 858-1406 or (800) 848-5533

Referral from: _____ **Date of Referral:** _____

Agency Contact:	Agency Name:	Unit:
Agency Phone:	Agency Address:	
Agency FAX:	Agency City:	Zip:

Client Information:

Client: First Name:	Last Name:	DOB:
Parent/ Contact: First Name:	Last Name:	DOB:
<input type="checkbox"/> Male <input type="checkbox"/> Female	Insurance:	
Home Phone:	Address:	
Alternate Phone:	City:	Zip:

Criteria for Referral (Check all that applies):

Antepartum EDD:	Postpartum	0-18 Years Old	Adult
<input type="checkbox"/> On Medicaid	<input type="checkbox"/> On Medicaid	<input type="checkbox"/> On Medicaid	<input type="checkbox"/> Lack of resources for basic needs (food, clothing, housing)
<input type="checkbox"/> Uninsured	<input type="checkbox"/> Uninsured	<input type="checkbox"/> Uninsured	<input type="checkbox"/> Protective Services case
<input type="checkbox"/> Qualifies for WIC	<input type="checkbox"/> Qualifies for WIC	<input type="checkbox"/> Qualifies for WIC	
<input type="checkbox"/> <18 years old not living with parent/ guardian	<input type="checkbox"/> <18 years old not living with parent/ guardian	<input type="checkbox"/> Potentially qualifying condition for CSHCS and/or Early On	
<input type="checkbox"/> Lack of resources for basic needs (food, clothing, housing)	<input type="checkbox"/> Lack of resources for basic needs(food, clothing, housing)	<input type="checkbox"/> Lack of resources for basic needs (food, clothing, housing)	
<input type="checkbox"/> Protective Services case	<input type="checkbox"/> Protective Services case	<input type="checkbox"/> Protective Services case	

Pertinent psycho-social, birth, and medical information:

Feedback Desired

Feedback Comments:

<input type="checkbox"/> Client Not Seen/ Unable to Locate	<input type="checkbox"/> Client Declined	<input type="checkbox"/> Continued Service Planned
Public Health Nurse:	Phone:	Date: