



Yuba County Public Health Public Health Nurse Referral Form

5730 Packard Ave, Suite 100, Marysville CA 95901
Telephone: (530) 749-6366 Fax: (530) 749-6397

REFERRING AGENCY

Person Referring _____ Date ____ / ____ / ____
Agency/Program _____ Position/Title _____
Phone _____ Fax _____
Client is aware of referral: Yes No* If no, reason: _____
*Please make a reasonable attempt to inform family of your referral

CLIENT INFORMATION

Client's Name _____ DOB ____ / ____ / ____ Age ____
Last First
Parent's name (if applicable) _____
Last First dob
Address _____ City _____ Zip _____
Phone _____ Alternate phone # _____
Primary Language: English Spanish Hmong Other _____
Medical Insurance: _____

REASON FOR REFERRAL

Medical Risk Factors _____

Environmental/Social Risk Factors _____

Other Risk Factors _____

Other Agency Involved/Referred _____

FOR OFFICE USE ONLY

Date received: _____
Referral taken by: _____
PHN assigned: _____
Date assigned: _____