



**KINGS COUNTY PUBLIC HEALTH DEPARTMENT**  
330 Campus Drive  
Hanford, California 93230  
Phone: 852-4525 or 852-4830, FAX: 584-5672  
**PUBLIC HEALTH NURSING**  
**REFERRAL FORM**

Date of Request: \_\_\_\_\_ SSN / M-C #: \_\_\_\_\_ MR#: \_\_\_\_\_  
Referring Person: \_\_\_\_\_ Agency: \_\_\_\_\_ Phone: \_\_\_\_\_  
Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Language: \_\_\_\_\_  
Address: \_\_\_\_\_  
Directions: \_\_\_\_\_

Other Agencies Involved and/or Referred to: \_\_\_\_\_

Telephone Numbers – HOME: \_\_\_\_\_ CELL: \_\_\_\_\_ MESSAGE: \_\_\_\_\_

Members In Household

NAME	RELATIONSHIP	AGE / DOB

Description of Problem(s):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Outcome/Plan:  Unable to Locate  Declined Services  Opened To Case Management  Other

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_