

**Sutter County Public Health Referral**  
1445 Veterans Memorial Circle, Yuba City, CA 95993  
(530) 822-7215      (530) 822-7223 (Fax)

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**Date:** \_\_\_\_\_

**To:** \_\_\_\_\_

**From Name/title:** \_\_\_\_\_

**Agency:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**Client Name:** \_\_\_\_\_, \_\_\_\_\_  
(Last Name) (First or NBB/NBG)

**Birthdate:** \_\_\_\_\_

**Parent/Spouse Name:** \_\_\_\_\_, \_\_\_\_\_  
(Last Name) (First or NBB/NBG)

**Parent/Spouse Birthdate:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone number/s:** \_\_\_\_\_

\_\_\_\_\_

**Language:** \_\_\_\_\_

**Is Client aware of referral?**    ( ) Yes    ( ) No

**Outcome report requested?**    ( ) Yes    ( ) No

**(Sutter Co. Chart #):** \_\_\_\_\_

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**Reason for Referral:** (Please write any details that will assist with Public Health Nurse (PHN) interventions.

Include any known safety issues that might affect a PHN making a home visit)

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**Outcome of Referral:** \_\_\_\_\_

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