CALHOUN COUNTY
Public Health Department
190 E Michigan Ave
Battle Creek, MI 49014
calhouncountymi.gov/publichealth
269-969-6370

Program Referral Form

Client Name: _____ DOB: _____

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Referring Provider: _____

Provider Name: _____ Phone Number: _____

Program(s) Being Referred To: (check all that apply)

- ☐ Childhood Hearing and Vision Program
- ☐ Children's Special Health Care Services
- ☐ Communicable Disease Prevention
- ☐ Family Planning/Reproductive Health
- ☐ Harm Reduction/Narcan Services
- ☐ HIV/STI Screening
- ☐ Immunizations
- ☐ Infant Safe Sleep
- ☐ Lead Screening
- ☐ Nurse-Family Partnership
- ☐ School Wellness Program
- ☐ Women, Infants, & Children (WIC – Pregnant, Postpartum, & Birth to age 5)

Reason for Referral (optional):

I request that the above information be sent to the Calhoun County Public Health Department.

_____ _____
Client Signature Date

_____ _____
Parent/Guardian Signature Date