

# Carver County Public Health TB Services Referral Form

Date Referred: \_\_\_\_\_ Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Patient Gender: Female Male Unknown

Race: American Indian Asian Black (African American) Hispanic (Latino) Native Hawaiian  
White Patient Declined Unknown

Language: \_\_\_\_\_ Interpreter needed: Yes No

Employment: Full time Part time Student Unemployed Retired Unknown

Marital Status: Single Married Divorced Widowed Unknown

Insurance Type: Aetna BCBS Cigna Hennepin Health Health Partners  
Medica/care Ucare Other: \_\_\_\_\_

Insurance Number: \_\_\_\_\_

Emergency Contacts (Full name, Relationship and Phone Number):

This referral must include the results of the screening/evaluation for TB (r/o active disease) and the order for preventive TB medications. Please attach information. Many private providers are unsure of treatment recommendations and can be assisted by utilizing resources on the [CDC website](http://www.cdc.gov).

Please Return to:	Fax: (952) 361-1360 or (952) 361-1030 Attention Heidi/TB Nurse Email: Please send encrypted to <a href="mailto:public-health@co.carver.mn.us">public-health@co.carver.mn.us</a> Public Health Information & Resource phone number: (952) 361-1329
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Carver County Public Health  
600 Fourth Street East  
Chaska, MN 55318-2102



Public Health  
Prevent. Promote. Protect.

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[www.co.carver.mn.us](http://www.co.carver.mn.us)

Healthy Carver for a Lifetime