

Carver County Public Health Referral Form

Date Referred: _____ Referred by/Contact Name: _____

Contact's Phone: _____ Contact's Agency Name: _____

Client Information:

Last Name: _____ First Name: _____ DOB: _____

Family Address: _____ Apt. No.: _____

City/State/Zip: _____ Client Telephone No.: _____

Physician/Clinic Name: _____ Phone: _____

Insurance: Yes No Insurance Type: Aetna BCBS Cigna Hennepin Health Health Partners
Medica/care UCare Other: _____

Insurance Number: _____ Aware of Referral: Yes No

Race/Ethnicity: American Indian or Alaska Native Asian Black (African American) Native Hawaiian
Hispanic or Latino/a White Patient Declined Unknown

Needs Interpreter: Yes No If yes, language: _____

Specific Details/Notes (What should PHN do?):

When should PHN visit? _____

LIST ALL FAMILY MEMBERS

List All Family Members	Member First Name Also Last Name if different from client	M/F	Date of Birth	Relationship to Client
01				
02				
03				
04				

Please attach any additional information that may be helpful.

Please return to: Fax: 952-361-1360 or 952-361-1030 Attention Katie Hickel/Family Health Unit
 Email: Please send encrypted to public-health@co.carver.mn.us
 Public Health Information & Resource phone number: (952) 361-1329

Carver County Public Health
 600 Fourth Street East
 Chaska, MN 55318-2102



CARVER COUNTY



Public Health
 Prevent. Promote. Protect.

Phone (952) 361-1329
 Fax (952) 361-1360
public-health@co.carver.mn.us
www.co.carver.mn.us

Healthy Carver for a Lifetime