



El Dorado County Health and Human Services Agency

PUBLIC HEALTH NURSING

Date of Referral _____

To: Donna Fettig, RN, PHN Supervisor

941 Spring St., #3, Placerville, CA 95667

Referred by _____

1360 Johnson Blvd., #103, S. Lake Tahoe, CA 96150

Agency _____

Phone (530) 621-6113

Direct Phone or email _____

Please submit via Confidential Fax (530) 642-0892

CLIENT INFORMATION

Patient's Name _____ DOB _____ Male / Female

Street Address, City, Zip _____

Phone (CELL or HOME) _____

Mailing Address Same _____ Alternate Phone # _____

Patient's Medi-Cal # _____ Patient's Physician _____

If Minor, Guardian Name/DOB _____ Relationship _____

Other Household Family Members _____

REASON FOR REFERRAL

Access to Medical Insurance

Access to Basic Needs

Access to Medical Provider

Child Development and Screening

Current Primary Concern/Pertinent Medical and Social History:

REFERRAL STATUS - To Be Completed by Public Health Nursing Staff Only

Referral Disposition Nurse assigned MRN #

Initial Contact Date/Intervention:

Nurse _____ Date _____