



# Anoka County Child and Teen Checkups Referral Information

2100 3<sup>rd</sup> Avenue, Suite 600  
Anoka, MN 55303  
Phone (763) 324-4280 Fax (763) 324-1033



Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Okay to leave message:  Yes  No Okay to text:  Yes  No

Interpreter Needed:  Yes  No Language: \_\_\_\_\_

Child's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Other Children: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_ Date of Birth: \_\_\_\_\_

Comments:

Would you like a home visit from Child and Teen Checkups?  Yes  No

Referral Source: \_\_\_\_\_

*By signing this you are stating you are interested in Public Health Nursing services and are allowing this information to be used for purposes of making a Public Health Nursing referral.*

Client Signature: \_\_\_\_\_

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



**PLEASE FAX THIS FORM TO: 763-324-1033**