

Lake County Public Health



Public Health Home Visiting
802 Main Street, Polson, MT 59860
Phone: (406) 883-7288
Fax: (406) 883-7290

Home Visiting Referral Form

Mother's Name: _____ DOB: _____

Father's Name: _____ DOB: _____

Physical Address: _____ City _____

Phone(s): _____

Child's Date of Birth or Due Date _____

Child's Name _____

Names and ages of other children (if applicable): _____

Physician/Provider: _____

Health Insurance Provider: _____

Reason(s) for Referral:

Referred By: _____ Date: _____

YES! I want to learn more about the "Parents as Teachers" Program:

(Parent signature)

(date)

Please fax to 883-7290 or drop off/mail to our office.