



KINGS COUNTY PUBLIC HEALTH DEPARTMENT
330 Campus Drive
Hanford, California 93230
Phone: 852-4525 or 852-4830, FAX: 584-5672
PUBLIC HEALTH NURSING
REFERRAL FORM

Date of Request: _____ SSN / M-C #: _____ MR#: _____
Referring Person: _____ Agency: _____ Phone: _____
Client Name: _____ DOB: _____ Language: _____
Address: _____
Directions: _____

Other Agencies Involved and/or Referred to: _____

Telephone Numbers – HOME: _____ CELL: _____ MESSAGE: _____

Members In Household

NAME	RELATIONSHIP	AGE / DOB

Description of Problem(s):

Signature: _____ Date: _____

Outcome/Plan: Unable to Locate Declined Services Opened To Case Management Other

Signature: _____ Date: _____ Phone: _____