



## REFERRAL FORM TO COMMUNITY WELLNESS DEPARTMENT

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

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

Client's Phone: \_\_\_\_\_  House  Cellular  Work  Family/Friend

Alternate Phone Number: \_\_\_\_\_  House  Cellular  Work  Family/Friend

Is it okay to leave client a message?    Yes                      No

Client's Preferred Language:    English                      Spanish                      Other \_\_\_\_\_

Referral Source (physician, agency and/or program): \_\_\_\_\_

Referral Phone: \_\_\_\_\_

**\*\*\*\*\* Please mark requested service(s) and fax to the specific program\*\*\*\*\***

Community Wellness Program 2826 W. Cermak Rd.	Parish Nurse Program 2875 W. 19 <sup>th</sup> St.	Senior Wellness Program 2875 W. 19 <sup>th</sup> St.
Phone (773) 523-5079 Fax (773) 523-5181	Phone (773) 484-4529 English Fax (773) 521-0172	Phone (773) 484-4268 Fax (773) 521-5310
<input type="checkbox"/> Developmental screening or consult	<input type="checkbox"/> Blood pressure screening	<input type="checkbox"/> <b>Program Benefits</b>
<input type="checkbox"/> Parenting workshops	<input type="checkbox"/> Diabetes screening	<input type="checkbox"/> Insurance counseling
<input type="checkbox"/> First Time Moms Club	<input type="checkbox"/> Breast care/ mammogram referral	<input type="checkbox"/> Circuit Breaker assistance
<input type="checkbox"/> Counseling (Spanish-speaking adults)	<input type="checkbox"/> Individual health counseling	<input type="checkbox"/> Energy assistance
<input type="checkbox"/> Public benefits (MPE, All Kids, Food Stamps)	<input type="checkbox"/> Health education	<input type="checkbox"/> Senior Companion Program
<input type="checkbox"/> Prenatal classes	<input type="checkbox"/> Physician referral	<input type="checkbox"/> Medicare/government benefits
<input type="checkbox"/> Referrals to other needed resources		<input type="checkbox"/> <b>Social Events</b>
		<input type="checkbox"/> Senior Breakfast Club
		<input type="checkbox"/> Senior Shopping Sprees
		<input type="checkbox"/> Participation in Senior Advisory Council
		<input type="checkbox"/> Senior Volunteer Service

Did the client authorize this referral?    Yes    No

**Reason for referral/ La razón que fue referido/a: (please describe):**