



HEALTH TRACKS - REFERRAL AND REQUEST FOR INFORMATION
 ND DEPARTMENT OF HUMAN SERVICES
 MEDICAL SERVICES
 SFN 710 (Rev. 06-2002)

INSTRUCTIONS: Prior to the appointment, please place this information in the recipient's record to the attention of the provider. Upon completion of the examination/evaluation/treatment, return the completed form (original copy) to the attention:

Social Service Worker:	County Social Service Board:
Address:	Telephone Number:

TO: Provider Name:	Provider Address and Telephone Number:
Appointment (Date & Time):	Alternate Appointment (Date & Time):
FOR: Screenshot's Name:	Screened on (Date & Time):
Parent:	Case Number:
Address:	Telephone Number:

The screenee has been referred to you at his/her request from the Health Tracks Program screening for diagnosis/treatment/evaluation of the following problems:

Nurse/Telephone:	Coordinator/Telephone:
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A vital part of the Health Tracks Program is a follow-up for every referral. So we may assist this family in the completion of all necessary treatment, please complete the following:

Diagnosis:		
Treatment and Comments:		
Prescriptions: <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Additional Visits Needed:	Appointments Made (Dates and Times):
Signature:		

NOTE: If you need further information, please contact the Social Worker. **THANK YOU FOR YOUR COOPERATION!**

DISTRIBUTION: ORIGINAL - Social Service Worker **CANARY** - Provider