



Anoka County Child and Teen Checkups Referral Information

2100 3rd 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

Name of School/Organization: _____

Referral Source: _____ Phone: _____

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 RETURN BY FAX: 763-324-1033

OR EMAIL: UC-PHES-ChildTeenOutreach-4280@co.anoka.mn.us