



**Wright County Public Health  
Family Home Visiting Referral Form**

1004 Commercial Drive

Buffalo, MN 55313

Phone: 763-682-7468

Fax: 763-682-7701

Email: [Sheri.Jorgensen@co.wright.mn.us](mailto:Sheri.Jorgensen@co.wright.mn.us)



**Public Health**  
Prevent. Promote. Protect.

Parent Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Due Date: \_\_\_\_\_ Is this the client's first baby? Yes  No

If postpartum:  breastfeeding  bottle feeding  unknown

Language: \_\_\_\_\_ Interpreter needed? Yes  No

Other children in the household? Yes  No

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Comments:

Referring Agency or Individual: \_\_\_\_\_ Date: \_\_\_\_\_

Referring Agency phone number: \_\_\_\_\_

I hereby grant the Referring Agency (listed above) permission to share the information on this form with

WCPH. **Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*(client signature needed only if required by referring agency)*

**\*\*Please notify the client of the referral before sending to WCPH\*\***

Use this referral form for any of our PH Family Home Visiting Programs and fax or [email](#) when completed.

Call Sheri Jorgensen at 763-682-7468 with any questions. Thank you.