1 MIGRANT HEALTH REFERRAL

Nº 1016

NAME: Last First Middle

BIRTHDATE: Mo. / Day / Yr.

SEX: F ☐ M ☐

PERMANENT ADDRESS:

HEAD OF HOUSEHOLD:

FATHER: MOTHER:

PATIENT CHART NO.: MSRTS NO.: NMRP NO.:

REFERRING PROVIDER:

Physician:

Clinic Name:

Address:

Phone No.: ( ) Area Code

RECEIVING PROVIDER:

Physician:

Clinic Name:

Address:

Phone No.: ( ) Area Code

HEALTH SERVICE REQUESTED ☐ Urgent ☐ Routine

REASON FOR REFERRAL:
(Diagnosis-Problem)

PRESENT STATUS OF PROBLEM:

CURRENT TREATMENT:

RECOMMENDED FOLLOW-UP:

Initiated by: Date: / /

COMPLETION STATUS TO BE FILLED OUT BY RECEIVING AGENCY

COMPLETION STATUS: (Check appropriate box)

- ☐ Patient In Care
- ☐ Patient did not arrive at clinic
- ☐ Service not Available
- ☐ Other:_____

Additional Comments:

Signed: Date: / /

NOTE: CALL THE NMRP TOLL FREE NUMBER FOR IMMUNIZATION / CLINIC INFORMATION

TEXAS 1-800-252-9446

U.S. 1-800-531-5120

Resource ID#: 66

Migrant Health Referral Forms

FROM (Referring Provider)

AFFIX
POSTAGE
HERE

ENTER ADDRESS OF RECEIVING PROVIDER

MIGRANT HEALTH REFERRAL INSTRUCTIONS
PLEASE READ CAREFULLY

REFERRING PROVIDER

- The Migrant Health Referral Forms have been designed to facilitate continued care of the migrant patient who needs medical services when he arrives at his destination.
- A medical referral should be made in following circumstances:
  - When further medical information is needed for the continued care of the patient that is not on the Personal Health Information Card.
  - When the migrant patient has left the area, a medical referral should be sent to the next provider for his continued care.
  - When the Health Provider determines that a patient will not assume the responsibility of his continued care, a referral should be sent.
- Fill out all of the form as completely as possible.
- Copy 1 is kept by the Referring Provider for their clinic records.
- Enter Receiving Provider address in the box above.
- Copy 2 is mailed to the Receiving Provider.

RECEIVING PROVIDER

- This patient has been referred to your clinic because of a condition that needs medical attention. Please issue another referral if the patient needs continued care when he leaves your area.
- If additional medical information is needed, call the Referring Provider.
- Fill in completion Status and return the referral (Copy 2) to the National Migrant Referral Project, Inc., 2512 South I.H. 35, Suite 220, Austin, Texas 78704. NMRP will in turn send Copy 2 to the Referring Provider.

NOTE: For additional Referral Forms, Personal Health Information Cards, Referral Directory, contact the National Migrant Referral Project, Austin, Texas at the following Toll Free Numbers:

TEXAS 1-800-252-9446
U.S. 1-800-531-5120

R.E.V. 3/84

FROM (Receiving Provider)

FIRST CLASS
PERMIT NO. 2957
AUSTIN, TEXAS

BUSINESS REPLY MAIL
NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

POSTAGE WILL BE PAID BY

NATIONAL MIGRANT REFERRAL PROJECT, INC.
2512 South I.H. 35, Suite 220
Austin, Texas 78704