



Crow Wing County Public Health Nurse Referral

Phone: 218-824-1170

Fax: 218-824-1081

Email: public.health@crowwing.gov



Caregiver Name: _____ DOB: _____

Address: _____ Phone: _____

Insurance: _____ Subscriber ID: _____

Is client aware of referral ☐ yes ☐ no Interpreter needed ☐ yes ☐ no

Family would benefit from support related to (check all that apply):

☐ Pregnancy ☐ Postpartum- Delivered baby in the last 8 weeks ☐ Parenting ☐ Infant Health

☐ Currently Pregnant ☐ Is this your first baby? Due Date: _____

Infants Name: _____ DOB: _____

Insurance: _____ Subscriber ID: _____

Born at _____ weeks _____ days

Comments/Concerns:

Caregiver Signature

Date

Referring Agency: _____ Date: _____

Person Making the Referral/Title: _____ Phone #: _____

All families may receive a Public Health Nurse home visit!

Public Health Nurses check the health status of families, weigh & measure infants and children, work with other community resources and answer any questions you may have about:

- Pregnancy
- Labor and delivery
- Breastfeeding
- How to calm fussy baby
- When to start solid foods
- How to encourage the growth and development of your child
- Family planning
- Mental health
- How to make your home safer for your family
- Community resources available to support your family

Please feel free to contact us with any questions. To make a referral this form may be faxed or emailed. Thank you!