

# District Health Department No. 4

## New Beginnings Program Referral Form



**Alpena County**  
100 Woods Circle  
Suite 200  
Alpena, MI 49707  
(989) 356-4507  
Fax (989) 356-3529

**Cheboygan County**  
Doris E. Reid Center  
825 S. Huron St.  
Suite 1  
Cheboygan, MI 49721  
(231) 627-8850  
Fax (231) 627-9466

**Montmorency County**  
P.O. Box 183  
12519 State Street  
Atlanta, MI 49709  
(989) 785-4428  
Fax (989) 785-2217

**Presque Isle County**  
106 E. Huron  
Suite A  
Rogers City, MI 49779  
(989) 734-4723  
Fax (989) 734-3866

[www.dhd4.org](http://www.dhd4.org)

Administrative Services  
Alpena County  
Office

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Information: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Referring Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

### Program(s) Being Referred To: (check all that apply)

- |                                                                                           |                                                                                    |
|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <input type="checkbox"/> Adult Day Care Center (Alpena location only)                     | <input type="checkbox"/> Hearing and Vision Program                                |
| <input type="checkbox"/> Breast and Cervical Cancer Screening Navigation Program (BCCCNP) | <input type="checkbox"/> HIV screenings                                            |
| <input type="checkbox"/> Children's Special Health Care Services                          | <input type="checkbox"/> Immunizations                                             |
| <input type="checkbox"/> Communicable Disease Prevention                                  | <input type="checkbox"/> Infant Health Program                                     |
| <input type="checkbox"/> Family Planning/Reproductive Health                              | <input type="checkbox"/> Maternal Health Program                                   |
| <input type="checkbox"/> Health Care Coverage Assistance                                  | <input type="checkbox"/> New Beginnings                                            |
|                                                                                           | <input type="checkbox"/> Women's, Infant's, & Children's<br>(WIC - Birth to age 5) |

I request that the above information be sent to District Health Department No. 4.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

We are committed to preserving the privacy and confidentiality of your health information whether created by us or maintained on our premises. We are required by certain state and federal regulations to implement policies and procedures to safeguard the privacy of your health information. We are required by state and federal regulators to abide by the privacy practices described in the Notice provided to you including any future revisions that we may make to the Notice as may become necessary or as authorized by law.

We reserve the right to change our Privacy Notice at any time and to make the revised or changed Notice effective for health information we already have about you as well as any information we receive in the future about you. Should we revise or change our Privacy Notice, we will post a copy of the new or revised Notice in our main lobby. You may obtain a copy of the new/revised Privacy Notice from any of our offices or download a copy from our website [www.dhd4.org](http://www.dhd4.org).

