

District Health Department No. 4

Program Referral Form

Please send to our secure fax: 989-358-7997



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 St.,
Suite A
Rogers City, MI 49779
(989) 734-4723
Fax (989) 734-3866

www.dhd4.org

Administrative Services
Alpena County
Office

Client Name: _____ DOB: _____

Parent/Guardian Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Contact Information: (_____) _____ Email: _____

Referring Provider: _____ 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"/> HIV screenings | <input type="checkbox"/> Immunizations |
| <input type="checkbox"/> Children's Special Health Care Services | <input type="checkbox"/> Maternal Infant Health Program |
| <input type="checkbox"/> Communicable Disease Prevention | <input type="checkbox"/> Healthy Futures |
| <input type="checkbox"/> Family Planning/Reproductive Health | |
| <input type="checkbox"/> Harm Reduction/Narcans Services | |
| <input type="checkbox"/> Health Care Coverage Assistance | |
| <input type="checkbox"/> Women, Infants, & Children (WIC - Birth to age 5) | |
| <input type="checkbox"/> Breast & Cervical Cancer Screening Navigation Program (BCCCNP) | |

Reason for Referral (optional):

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

Client Signature

Date

Parent/Guardian 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.



DHD4/N-102/R4.05.2021