REFERRAL FOR FAMILY PLANNING RELATED MEDICAL AND SOCIAL SERVICES

NORTH DAKOTA DEPARTMENT OF HEALTH
FAMILY PLANNING PROGRAM
SFN 8624 (Rev. 10-2009)

REFERRING AGENCY

Name		
Address		City
State	Zip Code	Telephone Number

AGENCY REFERRED TO

Name		
Address		City
State	Zip Code	Telephone Number

Applicable items to be completed by referring agency

Date Referral Made	Name of Client			Age
Address		City	State	Zip Code
Telephone Number	Birth Date	Client Number	Exam Date	
LMP	Present BP	Present Weight	Height	
Pap Smear (Date & Results):		Lab Results:		
Reason For Referral:				
Appt. Date	Signature of Authorized Employee		Date	

Referral agency to complete and return

Evaluation:		Date of Client Visit
Intervention Provided/Prescribed:		
Follow-up Required/Recommended:		
Other:		
Evaluator's Signature	Title	Date

I understand that I may inspect or request copies of any information disclosed by this authorization. It is my understanding that this authorization will expire in 12 months from the date signed below. I understand that I may revoke this authorization by notifying, in writing, the Family Planning Program Manager of this agency, knowing that previously disclosed information may not be subject to my revoke request.

I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment, payment, or my eligibility for benefits.

I hereby request and authorize the above-identified agencies to exchange the necessary information pertinent to the reason for which I am being referred for additional health and/or social services.

Signature of Client	Date

This information has been disclosed to you from records whose confidentiality is protected from disclosure by state and federal law. You may not make further disclosure without the specific and informed release of the individual to whom it pertains, their authorized representative, or as otherwise permitted by law. A general authorization for

Distribution: White - Agency Referred To **Canary** - Referring Agency **Pink** - Referring Agency For Tracking