



# REFERRAL

## Is your Home hurting your health? We can help! Free Healthy Homes & Environmental Health Consultations

Date: \_\_\_\_\_

Caregiver: Last Name:		First Name:		
Child: Last Name:		First Name:		Date of Birth:
Home Phone:		Cell Phone:		
Work Phone:		Best time to call Between 8 to 4:30:		
Address:				
Street #	Street Name	Apt#	City	Zip
Qualifications for the asthma program include any asthmatic child under 18 years old and residence in Alamance County. The Healthy Home Program will determine who qualifies for Healthy Home Program services.				
Provide a description of the issues and any relevant medical diagnosis to help us determine risk (asthma, immune system disorder, COPD, etc):				

Please fax this form to (336) 570-6362

Your Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Would you like to be contacted concerning the results? \_\_\_\_\_ If Yes, you will be contacted pending release from the client.