



# Mount Rogers Health District

## Referral Type:

- Baby Care**       **Plan of Safe Care**

## Referral Information:

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

Client's Name: \_\_\_\_\_

Client's Date of Birth: \_\_\_\_\_ EDC: \_\_\_\_\_

Phone Number(s): (H) \_\_\_\_\_ (C) \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

911 Address: \_\_\_\_\_

Client's Physician(s): \_\_\_\_\_

Referral Source (Agency/Name): \_\_\_\_\_

Referral Source Phone Number: \_\_\_\_\_

Reasons For Referral: \_\_\_\_\_



**"Building healthy rural communities through disease prevention and control, health promotion and education, protection of environmental resources and preparedness for emergency response."**



For: Bristol City, Washington County, Smyth County, Wythe County,  
Bland County, Carroll County, Grayson County, and Galax City

Fax this form to the attention of Kim Hale, RN, – Baby Care Coordinator

Fax Number: 276-781-7465

**Mt. Rogers Health District**  
201 Francis Marion Lane  
Marion, VA 24354

