HEALTH TRACKS - REFERRAL AND REQUEST FOR INFORMATION

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
MEDICAL SERVICES DIVISION
SFN 710 (5-2020)

Clear Fields

REFERRING PROVIDER

Health Tracks Nurse		Agency		
Address	City	State	ZIP Code	Telephone Number
FAX Number		Email Address		
Health Tracks Coordinator		Telephone Number		

REFERRED TO

Name		Agency		
Address	City	State	ZIP Code	Telephone Number
FAX Number		Email Address		

CLIENT/PATIENT INFORMATION

Name		Health Tracks Screening Completed On		
Medicaid Number		Date of Birth		
Parent/Contact Person		Telephone Number		
Address	City	State	ZIP Code	Other Contact

Appointment (Date and Time)
Reason for Referral

A vital part of the Health Tracks Program is a follow up for every referral to assure families are able to access needed services and assist them in the completion of all necessary treatment. PLEASE COMPLETE THE FOLLOWING AND RETURN A COPY OF THIS FORM TO "REFERRING PROVIDER ABOVE"

Diagnosis
Treatment Completed
Recommendations for Additional Treatment

Appointment Made (Dates & Times)	Signature

NOTE: If you need further information, please contact the above Referring Provider or Health Tracks Coordinator.

THANK YOU FOR YOUR TIME!

DISTRIBUTION: 1 each Referring Provider and Referred to Provider