TEXAS Department of State Health Services

TX DSHS Public Health Nursing

CLEAR FORM

Referral List

Referral Codes:	Referral From:		Referral to:		Referral Result
	1= self	5=school	1=inter-agency	5=DSHS	T=treated
	2=family/neighbor	6=hospital	2=intra-agency	6=hospital	S=assistance provided
	3=physician	7=other:	3=physician	7=other:	N=treatment unnecessary
	4=DSHS	_____	4=dentist	_____	R=refused supervision

Date	Code		Referral	Outcome/Follow-Up	Result Code
	From	To			

adhere pt. ID sticker here

Cl. Name: _____

SS# _____

ID# _____

DOB: _____

TEXAS Department of State Health Services

TX DSHS Public Health Nursing

Referral List

Date Identified	Problem	Outcome/Follow-Up	Resolution Date

adhere pt. ID sticker here

Cl. Name: _____

SS# _____

ID# _____

DOB: _____