REFERRAL TO NURSE FOR HEALTH SERVICES

Date:

Check Site: ☐ Heritage Oak  ☐ Laurel  ☐ Encinal  ☐ Oak Knoll  ☐ Hillview

Student:  Grade:

Teacher:  Room:

Referred by:

SERVICES REQUESTED (Please Check)

☐ Vision Screening  ☐ Hearing Screening  ☐ Dental Screening

☐ Health Evaluation  ☐ Other:

REASON FOR REFERRAL (Please check)

☐ Excessive Absences  ☐ Weight or Size (deviation from normal)

☐ Excessive Visits to Health Office  ☐ Chronic Illness

☐ Many excuses from P.E.  ☐ Dental Problems

☐ Hearing/Speech Difficulty  ☐ Physical Handicap

☐ Hygiene  ☐ Vision Difficulty

☐ Always Tired  ☐ Other

☐ Problems with Skin or Scalp  ☐ Please see me

Brief Description of Health Problem:

*****************************************************************************

Nurse’s Report: