



# District Health Department #10

Healthy People, Healthy Communities

## CONFIDENTIAL - COMMUNICABLE DISEASE REFERRAL

### REFERRING FACILITY

Date \_\_\_\_\_ Infection, Disease or Outbreak Name \_\_\_\_\_

Referring Person or Facility \_\_\_\_\_ Phone # \_\_\_\_\_

Address of Reporting Office \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Physician/Provider Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Physician/Provider Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

### PATIENT INFORMATION

Patient Name \_\_\_\_\_

Parent/Guardian Name (if patient under 18) \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone # \_\_\_\_\_ County of Residence \_\_\_\_\_

Patient's DOB \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_ Ethnicity/Race \_\_\_\_\_

### LABORATORY TESTS/TREATMENTS

Date of Test \_\_\_\_\_ \*Results \_\_\_\_\_

Has Patient/Physician been notified of results? Patient: Yes \_\_\_ No \_\_\_ \*\*Physician: Yes \_\_\_ No \_\_\_

**\*\*If yes, what is Treatment or Name of Medication Given?** \_\_\_\_\_

Date Given \_\_\_\_\_ Dosage Given \_\_\_\_\_

**\*PLEASE FAX A COPY OF LAB REPORTS SUPPORTING DIAGNOSIS, ALONG WITH THIS FORM, TO THE PATIENT'S RESIDING COUNTY HEALTH DEPARTMENT. PLEASE REFER TO FAX #'s LISTED BELOW:**

### **Please call your local District Health Department #10 with any questions**

**Crawford County**  
Grayling  
P: 989-348-7800  
F: 989-348-5346

**Kalkaska County**  
Kalkaska  
P: 231-258-8669  
F: 231-258-4035

**Lake County**  
Baldwin  
P: 231-745-4663  
F: 231-745-2501

**Manistee County**  
Manistee  
P: 231-723-3595  
F: 231-723-0150

**Mason County**  
Ludington  
P: 231-845-7381  
F: 231-845-9374

**Mecosta County**  
Big Rapids  
P: 231-592-0130  
F: 231-592-9464

**Missaukee County**  
Lake City  
P: 231-839-7167  
F: 231-839-7908

**Newaygo County**  
White Cloud  
P: 231-689-7300  
F: 231-689-5295

**Oceana County**  
Hart  
P: 231-873-2193  
F: 231-873-4366

**Wexford County**  
Cadillac  
P: 231-775-9942  
F: 231-775-4127

Visit us online at [www.dhd10.org](http://www.dhd10.org)