



Children with Special Health Care Needs

CHELAN-DOUGLAS HEALTH DISTRICT

Referral

Referrals are accepted by
 Fax: **509-886-6478** Voicemail: **509-886-6400** or
 Mail: 200 Valley Mall Parkway, East Wenatchee, WA 98802

Child's Name (Last, First, MI)		Date of Birth	s e x	M [] Fe []
Father/Guardian/Foster Parent			Language	
Mother/Guardian/Foster Parent				
Physical Address	Apt. #	City	Zip	
Mailing Address		City	Zip	
Home Phone:	Work Phone:	Message Phone(s):		
Doctor's Name(s):		Insurance: <input type="checkbox"/> Private <input type="checkbox"/> No insurance <input type="checkbox"/> Medical Coupon		
Reason for referral or health concerns				
Person making referral		Phone #	Date	