Minneapolis
City of Lakes

# CONFIDENTIAL

Referral for Free Lead In-home Visual Assessment
for City of Minneapolis Residents

**MHD Internal Referral Form**

Organization Getting Referral: _____

Person Making Referral: _____

Method Used to Transmit Referral: _____

Name of Parent or Guardian: _____

Child Information: Name: _____

D.O.B.: _____ Sex: F ○ M ◉

Address: _____ Zip Code: _____

Phone Number(s): _____

Language Spoken in the Home: _____

Blood lead level: _____

Notes:_____

_____

PLEASE FAX REFERRAL FORM TO:
Minneapolis Health Department
612-673-3866
Attn: Farhiya Farah