

<b>Patient Name:</b>		First	
La	est	First	MI
Address:			
Date of Birth:		Sex: M or I	7
Telephone:		Cell:	
<b>Emergency Cont</b>	act:	Telep	hone:
Patient's Medical	l Provider:		
		been called to this pa	ntient's residence in the
Reason(s) for Ref	ferral:		

Send referral via fax, scan/email or telephone with as much information as can be gathered to:

## **Jefferson County Public Health Service**

Public Health Facility, 531 Meade Street, Watertown, New York 13601 Phone: 315-786-3770 Fax: 315-786-3751 Email: EMSHomeCareReferrals@co.jefferson.ny.us

www.jcphs.org

Questions? Please contact 786-3770