



510 W. Adams St. GL-30
Plymouth, IN 46563
574-935-8565
www.co.marshall.in.us
Christine Stinson, Administrator
Byron Holm, M.D., Health Officer

MARSHALL COUNTY ASTHMA PROGRAM

ASTHMA HOME VISIT REFERRAL FORM

Our agency would like to refer your child to the Marshall County Health Department (MCDH) Asthma Program so that you can receive service to help better manage your child’s asthma. MCHD offers free home visits to inspect for possible environmental triggers such as mold and ammonia and provides information on resources and services with the goal of making your home healthier. With your permission, we will fax this referral form to MCHD’s Asthma Program so that you can be contacted within the next few days by phone or email.

Referral Date: _____

Clinic/Daycare/School/Organization: _____

Person Providing Referral: _____ Fax Number: (____) _____

Child’s Name: (first) _____ (last) _____

Child’s Date of Birth: _____

Parent/Guardian Name: (first) _____ (last) _____

Home Address: _____ Zip Code: _____

Contact Number: (____) _____ Cell Home Email: _____

Does child have diagnosed asthma: Yes No Is child medicated for asthma? Yes No

I agree to share this information with the Marshall County Health Department’s Asthma Program

Parent/Guardian Signature: _____ Date: _____

PLEASE FAX TO MCHD AT: 574-914-4911