



510 W. Adams St. GL-30
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Christine Stinson, Administrator
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MARSHALL COUNTY ASTHMA PROGRAM

ASTHMA HOME VISIT SELF - REFERRAL FORM

If you would like to refer your child to the Marshall County Health Department (MCHD) Asthma Program to receive services to help better manage your child's asthma, fill out the following form. 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, you will be contacted within the next few days by phone or email.

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
OR
BRING IN, OR MAIL, TO OUR OFFICE AT:
510 W ADAMS ST. GL-30 PLYMOUTH, IN 46563