Franklin County Public Health
280 East Broad Street
Columbus, Ohio 43215-4562
(614) 525-3160
www.myfcph.org

Public Health Nurse (PHN) Consultation Request Form
CMH Program

Child's and Parent/Guardian Information

ET ID Number (if applicable)_____

Child's First Name	Child's Last Name	
Date of Birth	☐ Male	☐ Female
Parent/Guardian First Name	Parent/Guardian Last Name	
Child's Street Address		
City	Zip	
Home Phone	Work Phone	
Cell Phone	Other Phone	
Current Insurance	☐ Does not have health insurance	
Interpreter Needed? ☐ Yes ☐ No	Language	

Medical Information ☐ Hospital Discharge Summary Attached

Diagnosis	
Allergies	☐ No Known Allergies
Special Problems: ☐ Family Mental Health Issues ☐ Safety Issues ☐ Other	
Needs to be contacted within: ☐ 2 Weeks ☐ 4 Weeks ☐ Other	
For: ☐ PHN Assessment ☐ Follow-Up to Medical/Hospital Care ☐ Provide BCMH Program Info ☐ Other	

Physician Information (if known)

Primary Care Physician	Phone
Specialist	Phone
Specialist	Phone

Contact Information for Person Completing this Form

Name	
Agency	
Phone	Fax
Email	Contact Via: ☐ Fax ☐ Email ☐ Phone
Additional Comments	

Please FAX this form and supporting documents to Franklin County Public Health at 614.525.6673 or email to bcmh@franklincountyohio.gov

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