Jefferson County Home Health Care

Quality Care in The Comfort of Your Home Since 1953

Patient Name: _____
Last **First** **MI**

Address:_____

Date of Birth:_____ **Sex: M or F**

Telephone:_____ **Cell:**_____

Emergency Contact:_____ **Telephone:**_____

Patient's Medical Provider:_____

How many times has EMS been called to this patient's residence in the last 6 months?_____

Reason(s) for Referral:_____

_____

_____

_____

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