

# Medical Referral

WASHINGTON UNIFIED SCHOOL DISTRICT



Date: \_\_\_\_\_ School: \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Dear Parent:

The nursing assessment indicates the above-named child should have a medical evaluation. It is important that (1) you take this form with you to the doctor, and (2) the completed form is returned back to the school.

**Note to Physician:** The parents' attention has been directed towards medical evaluation because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For additional information, please contact:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

---

## Physician's Report

Findings and/or diagnosis: \_\_\_\_\_  
\_\_\_\_\_

Recommendations for care: \_\_\_\_\_  
\_\_\_\_\_

Referred to another health advisor?  Yes  No Whom: \_\_\_\_\_

Child under medication/treatment?  Yes  No Whom: \_\_\_\_\_

Return Visit?  Yes  No When: \_\_\_\_\_ Enclosed Documents:  Yes  No

Suggestions for school nurse/ school personnel: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Physician's Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

**American Union  
Elementary School**  
2801 W. Adams Ave.  
Fresno, CA 93706

**Phone:** (559) 495-5650  
**Fax:** (559) 267-5708

**West Fresno  
Elementary School**  
2910 S. Ivy Ave.  
Fresno, CA 93706

**Phone:** (559) 495-5635  
**Fax:** (559) 233-6446

**West Fresno Middle School**  
2888 S. Ivy Ave.  
Fresno, CA 93706

**Phone:** (559) 495-5635  
**Fax:** (559) 485-3006

**Washington Union High  
School**  
6041 S. Elm Ave.  
Fresno, CA 93706

**Phone:** (559) 485-8805  
**Fax:** (559) 485-4435