

IAK Health Services Referral Form

Please complete, as much as possible, and press the submit button below or contact Bridget Parra at bparra@tulsa-health.org or 918-594-4781 for further assistance.

Thank You!

Date of Referral: _____ Person Making Referral: _____

School: _____ Teacher: _____

Child's Name: _____ Child's DOB: _____

Age: _____ Gender: _____ Grade: _____

Parent/Guardian Name: _____

Address: _____

Phone Number: _____

Reason for Referral:

Transportation For: _____ (Dental, Medical, Mental Health)

Appointment Date: _____ Time: _____

Number of Riders: _____

Social/Health Resources

SoonerCare App. Assistance

Prevention Classes

Medication Assistance

Other

Comments:

Resources (please list any resources currently used by the family that relate to the problem):

School Official's Signature: _____ (For TPS Schools)