

# Start Right!

PHONE: 715-261-1900 FAX: 715-261-1901

EMAIL: [health@co.marathon.wi.us](mailto:health@co.marathon.wi.us)



## Referral Information

Date: \_\_\_\_\_ Person Referring: \_\_\_\_\_

Agency/Program: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_



## Client Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Partner/Parent: \_\_\_\_\_ Due Date/Child Birth Date: \_\_\_\_\_

Other Family: \_\_\_\_\_

Street: \_\_\_\_\_ City, State ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Other Phone #: \_\_\_\_\_

Email: \_\_\_\_\_



## Additional Information

Additional information I would like the nurse to know:

The Start Right program has been explained to me and I would like to have a public health nurse contact me. I understand and allow the above information to be shared with Marathon County Health Department.



\_\_\_\_\_  
Signature

Best Way to Reach Me:

Phone Call      Text Message

Email

Okay to Leave Message

Confidential - Do not leave message in mailbox

Best Time/Day to Reach Me:

\_\_\_\_\_

# Start **R!**ight

## What to Expect

If eligible, a public health nurse will:

Meet with you in person

Offer confidential and non-judgmental support

Let you know about resources for help with baby items, housing assistance, food assistance, parenting support, and more!

Help you set and reach goals for yourself and your family

Weigh your baby

Provide information you may need during pregnancy or after you deliver