



Anaconda-Deer Lodge County Public Health Department

118 E.7th St. ~ Anaconda, MT 59711
Phone: 406-563-7863 ~ Fax: 406-563-2387



Montana Asthma Program (MAP) Home Visiting

CONFIDENTIAL REFERRAL FORM

Date: ___/___/___ Person making referral: _____

MD/Agency _____

Phone: _____ Fax: _____

Was client or parent informed about this referral? [] Yes [] No

How did you hear about this program? Newspaper___ Radio___ Email/Newsletter___

Medical Provider___ Internet ___ TV news___ Public Health Dept. ___

Client's Name: _____ DOB: ___/___/___

Parent(s): _____

Address: _____ City: _____ Zip: _____

Home Phone _____ Cell: _____

SSN: ___-___-___ Insurance: _____

Provider: _____

Last ER visit/hospitalization/urgent care visit due to asthma (if known): ___/___/___

Asthma Control Test (ACT) score (if known): ___ Date of ACT: ___/___/___

Concerns about the client's asthma:

Four horizontal lines for writing concerns about the client's asthma.



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ELIGIBILITY:

- Resident of _____ County
- ACT score of less than 20 points
- Frequent asthma symptoms or activity limitations due to asthma
and/or
- At least one emergency department, urgent care, or hospital visit due to asthma related illness
- Adults and children who do not meet eligibility requirements are able to participate in Map with a direct referral from their healthcare provider

Please fax to **(406)** 563-2387

SERVICES PROVIDED:

- 6 contacts with a Public Health Nurse provided over a course of a year
- General asthma education for the client and their family members
- Review of asthma medications
- Assessment of the house to help identify environmental triggers in the home
- Asthma friendly mattress and pillow covers

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