



A RESOURCE FOR HEALTHY LIVING FROM THE GALLATIN CITY-COUNTY HEALTH DEPARTMENT

HUMAN SERVICES • 406.582.3100, hs@gallatin.mt.gov
ENVIRONMENTAL HEALTH • 406.582.3120, ehs@gallatin.mt.gov
WIC • 406.582.3115, wic@gallatin.mt.gov

healthygallatin.org



MONTANA ASTHMA PROGRAM (MAP) CONFIDENTIAL REFERRAL FORM

Date: Person making referral:
MD/Agency:
Phone: Fax:
Was client informed of referral? Yes No
How did you hear of this program? Newspaper Radio Newsletter Provider
Internet Health Dept School Nurse Friend TV Other

CHILD 0-17 REFERRAL/ ADULT REFERRAL

Name: Date of Birth:
Parents Names (IF APPLICABLE):
Address:
Phone (Home): (Cell): Best time to call:
Health Care Provider:
Last ED/ Hospital/ Urgent care/ Unscheduled Dr. visit due to asthma:
Asthma Control Test (ACT) score if known: Date of ACT:
Concerns about patients asthma:

ELIGIBILITY:

- Children aged 0-17/Adults
Resident of Gallatin County
An asthma diagnosis and referral from a HCP

SERVICES PROVIDED:

- 6 contacts with a Public Health Nurse provided over a course of a year
General asthma education for the child 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

Please fax to 582-3112 attn: Rita Ballesteros Bono

