



# Flagler County Free Clinic

**REFERRAL to HUMAN SERVICES**  
**1000 Belle Terre Blvd.**  
**Palm Coast, FL 32164**

**FAX: (386) 386-437-7461**

**Date:** \_\_\_\_\_

**Patient MUST call to schedule an appointment within two weeks: (386) 586-2324 x 3622**

Patient's Name \_\_\_\_\_ DOB: \_\_\_\_\_

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

Medical History/Diagnosis: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Specialist Needed: \_\_\_\_\_

PRINT REFERRING

DOCTOR'S NAME: \_\_\_\_\_ Signature: \_\_\_\_\_



## Human Services

**FOLLOW UP TO:**

**FLAGLER COUNTY FREE CLINIC**

**FAX: (386) 313-5945**

**(386) 437-3091**

DATE: \_\_\_\_\_

Patient was seen on: \_\_\_\_\_ By \_\_\_\_\_

Appointment was made on \_\_\_\_\_ To See \_\_\_\_\_

Patient did not meet eligible criteria because

\_\_\_\_\_

\_\_\_\_\_