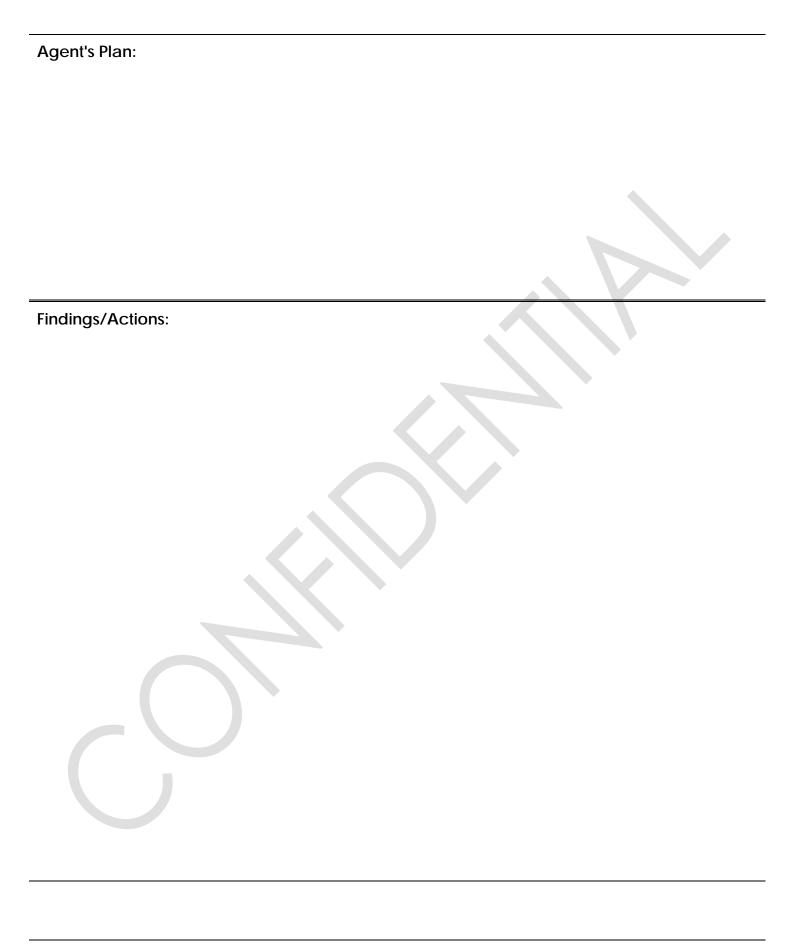
McLeod County Public Health

Public Health Nuisance Intake Form

Referral Source - CONFIDENTIAL

Date:	Time:
Name:	Referred by:
Address:	Address:
Directions:	Phone:
Phone	Relative/Guardian:
Own: Rental:	
Length in Residence:	Address:
Pets:	Phone
Nature of Complaint: (inside and/or outside problem)	
IMMEDIATE INTERVENTION NEEDED? Yes No	
Review for All Household Members:	
Alcohol/drug use	Mental illness
Illness/disability	Mental retardation
Dependent children	Dementia
Vulnerable adult	Verbal aggressiveness
	Physical aggressiveness
Explain:	
Received by:	Date:



Agent's Signature/Title Date