

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:

<input type="checkbox"/>	Alcohol/drug use	<input type="checkbox"/>	Mental illness
<input type="checkbox"/>	Illness/disability	<input type="checkbox"/>	Mental retardation
<input type="checkbox"/>	Dependent children	<input type="checkbox"/>	Dementia
<input type="checkbox"/>	Vulnerable adult	<input type="checkbox"/>	Verbal aggressiveness
<input type="checkbox"/>		<input type="checkbox"/>	Physical aggressiveness

Explain:

Received by: _____ Date: _____

Agent's Plan:

Findings/Actions:

CONFIDENTIAL

Agent's Signature/Title

Date