

**Patient Referral Form for Vaccination
From Local Health Department or Public Health Clinic**

(Patient Name) _____

Date of Birth (_____/_____/_____) _____

This patient needs one or more vaccinations but has private health insurance and is not eligible for publicly purchased vaccines available through the Texas Vaccines for Children (TVFC) Program.

Effective January 1, 2012, Public Health no longer vaccinates clients who are privately insured. *Therefore, we are referring this patient to his/her medical home for the needed vaccinations.*

If the medical home is not able to provide the immunization(s), the patient should be referred to another clinic that accepts the patient's medical insurance.

Referring Public Health Clinic:

NOTE: Issuance of this Patient Referral Form for Vaccination does not extend any state mandated vaccine requirements, or allow children to enter school without appropriate immunizations.

Referral Process

When a patient presents for services at a local health department or public health clinic, staff should first ask if the patient has health insurance.

If no: The patient is eligible for TVFC vaccine.

If yes: Is the insurance Medicaid, CHIP, or other private insurance?
If private insurance: Explain to the patient that the clinic no longer accepts their insurance due to billing issues, and they need to receive vaccines from their medical home. Provide *Patient Referral Form for Vaccination* if helpful or necessary.

If the patient has Medicaid or CHIP: The patient is eligible for TVFC vaccine.

Local Referral Sites (if available):

Name	Phone number	Address
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		