Doernbecher Children's Safety Center
Prescription Referral Form
503 418.5666
Safety@ohsu.edu

Patient Information Sticker

Zip Code_____ Date: _____

PCP _____

☐ Age Appropriate Counseling

Specify Age _____

Areas of Emphasis:

☐ Burn Prevention ☐ Car Seat Safety ☐ SIDS

☐ Fall Prevention ☐ Fire Safety ☐ Gun Safety

☐ Pedestrian Safety ☐ Poison Prevention ☐ Baby-proofing

☐ Room Safety ☐ Water Safety ☐ Seasonal Safety

☐ Bicycle/Skating/Scooter Safety

☐ Other, please specify: _____

Provider Signature _____

Print Name: _____