The Health Department has a lot to offer!

 Please check any areas of interest:

I would like to…

* get immunizations for my child at your walk in clinic
* talk to a parenting support specialist about behavior, mealtime, tantrums, potty training or other questions
* find out if my child is up to date on immunizations (release)
* have a developmental or speech screening for my child
* learn more about accessing a doctor, dentist, or health insurance
* learn about Missoula area resources
* talk to the Asthma specialist about my child’s asthma
* meet with a pregnancy support specialist during my pregnancy

Due date\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ First pregnancy? Y N

* I would like to get a flu shot for myself or my child today
* have other questions

I would like you to…

* Call me\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(my #)
* Text me\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(my #)
* Email me\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(my email)

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_date\_\_\_\_\_\_\_\_\_

The Health Department has a lot to offer!

 Please check any areas of interest:

I would like to…

* find out if my child is up to date on immunizations (release)
* talk to a parenting support specialist about behavior, mealtime, tantrums, potty training or other questions
* get immunizations for my child at your walk in clinic
* have a developmental or speech screening for my child
* learn more about accessing a doctor, dentist, or health insurance
* learn about Missoula area resources
* talk to the Asthma specialist about my child’s asthma
* meet with a pregnancy support specialist during my pregnancy

Due date\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ First pregnancy? Y N 

* have other questions

I would like you to…

* Call me\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(my #)
* Text me\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(my #)
* or
* Email me\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(my email)

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_date\_\_\_\_\_\_\_\_\_