DAVIDSON COUNTY HEALTH DEPARTMENT

Protecting, Caring, Serving Our County

Lillian Koontz, MPA, REHS
HEALTH DIRECTOR

Dr. Terry Ellington
CHAIR, BOARD OF HEALTH

Michael Garrison, MD **MEDICAL DIRECTOR**

Davidson County Health Department

Triple P Referral Form

For questions about Triple P (Positive Parenting Program) contact Sherrilynn Little at 336-242-2332

Please print clearly *Form may be used for up to four children of the same household*

Child's Name: _____ **Date of Birth:** _____

Child's Name: _____ **Date of Birth:** _____

Child's Name: _____ **Date of Birth:** _____

Child's Name: _____ **Date of Birth:** _____

Parent/Guardian Name: _____**Date of Birth:** _____

Street Address: _____

City: _____**Zip Code:** _____

Phone Number: _____**Alternate Phone Number:** _____

Triple P – Positive Parenting Program

_____ **Seminar for Children Ages 0-12** *(4 part series- group setting)*

_____ **Seminar for Teens Ages 13-17** *(3 part series- group setting)*

_____ **Triple P for Baby**

_____ **Individual (specify concerns)** _____

_____ **Discussion Groups**

Referral Made by: _____**Date:** _____

Phone Number: _____

Please fax the completed referral form to Davidson County Health Department at (336)242-1535

revised 9/4/2025