

**Fax your referrals to 510-995-2956 or 510-995-2955.**

Date \_\_\_\_\_ Specialty Department \_\_\_\_\_

Referred to (optional) \_\_\_\_\_

Preferred location:  Brentwood  Larkspur  Pleasanton  Walnut Creek  Oakland  Next available (Any location)

## PATIENT INFORMATION

Patient's First Name \_\_\_\_\_

Last Name \_\_\_\_\_

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender  Female  Male

Parent/Guardian Name \_\_\_\_\_

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Relationship \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone ( ) \_\_\_\_\_

Alternate Phone ( ) \_\_\_\_\_

Interpreter needed?  No  Yes

If yes, what language? \_\_\_\_\_

## MEDICAL INFORMATION

Diagnosis/Reason for referral \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is this an urgent referral?  No  Yes If yes, please call the department if your patient requires acute care.

Reason for urgent referral \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PATIENT HISTORY

Brief History/Work Up \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Previous visits to UCSF Benioff Children's Hospital Oakland for this problem?  No  Yes

## INSURANCE INFORMATION

Subscriber Name \_\_\_\_\_

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Health Plan \_\_\_\_\_

Authorization # \_\_\_\_\_

Group # \_\_\_\_\_

Member ID \_\_\_\_\_

Secondary Insurance, if any \_\_\_\_\_

## REFERRING MD CONTACT INFORMATION

Referring MD \_\_\_\_\_

Best way to reach me is by  Phone  Fax  Pager

Phone ( ) \_\_\_\_\_

Fax ( ) \_\_\_\_\_

Office Name \_\_\_\_\_

Office Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Pager ( ) \_\_\_\_\_

## ATTACHMENTS

Please note: Sending this information helps us give your patient the most effective care.

- Medical Record Notes
- Growth Curves
- Pertinent Operative Note
- Results of Diagnostic/Imaging Studies
- Pertinent Lab Studies

If lab or imaging studies have been completed at Children's, we will retrieve the results. You do not have to send them. Please call if you would like to speak with the consulting physician prior to the appointment.