

# Referral Form

## Fax Oakland referrals to 510-985-2202

Preferred location:  Brentwood  Greenbrae  Oakland  
 San Ramon  Walnut Creek  Next available, any location  
 Other \_\_\_\_\_  
 URGENT

## Fax San Francisco referrals to 415-353-4485

Preferred location:  Fremont  Greenbrae  Modesto  
 Pleasanton  San Francisco  San Mateo  Santa Rosa  
 Next available, any location  Other \_\_\_\_\_  
 URGENT

From: \_\_\_\_\_ Date: \_\_\_\_\_ No. of pages: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Specialty Clinic: \_\_\_\_\_ Referred to (optional): \_\_\_\_\_

## PATIENT INFORMATION

Patient First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Home phone: \_\_\_\_\_  Work phone or  Cell phone: \_\_\_\_\_

Interpreter needed:  Yes  No Language: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

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

## CONSULTATION REQUEST INFORMATION

Diagnosis: \_\_\_\_\_ ICD 10: \_\_\_\_\_

Reason for referral: \_\_\_\_\_

Include brief pertinent medical records that support the consultation:  Clinical notes  Growth Charts  Imaging  Labs

## REFERRING PHYSICIAN INFORMATION

Referring MD: \_\_\_\_\_ Specialty: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_

## PCP INFORMATION

PCP Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## INSURANCE INFORMATION

Include copy of insurance card (both sides)

Subscriber Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Health Plan: \_\_\_\_\_ Member ID: \_\_\_\_\_

Group #: \_\_\_\_\_ Authorization #: \_\_\_\_\_

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

By providing the information requested and signing above, you agree that we may initiate treatment following consultation or perform medically necessary diagnostics, in association with this consultation. We look forward to collaborating with you on your patient's treatment plan.

NOTICE OF CONFIDENTIALITY: This is a confidential fax and is intended solely for the person indicated above. If you are not the intended person, you are hereby notified of the confidential nature of this fax and that you are not entitled to read, copy or otherwise disseminate any of the information contained herein.