

Referral Form

Fax Oakland referrals to 510-985-2202

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

Fax San Francisco referrals to 415-353-4485

Preferred location: Fremont Greenbrae Los Gatos Modesto
 Pleasanton San Francisco San Mateo Santa Rosa
 Next available, any location Other _____
 URGENT

From: _____ Date: _____ No. of pages: _____

Phone: _____ Fax: _____

Referred To Specialty/Clinic: _____ Referred To Provider (Optional): _____

PATIENT INFORMATION

Patient's First Name: _____ Last Name: _____

DOB: _____ Gender: _____

Home Phone: _____ Work Phone or Cell Phone: _____

Interpreter Needed: Yes No Language: _____

Parent/Guardian: _____ Relationship To Patient: _____

DOB: _____ 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.