

# Referral Form

## Fax Oakland referrals to 510-985-2202

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

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

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

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.