

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.