

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: _____
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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.