



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 Los Gatos
 Modesto Redwood Shores San Francisco
 San Mateo Santa Rosa Next available, any location
 Other: _____ URGENT

From: _____ Date: _____ No. of pages: _____
Phone: () _____ Fax: () _____ Referred to Provider (opt.): _____
Referred to Specialty/Clinic: _____

PATIENT INFORMATION

Patient 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.