

## Mendocino Care Network – Referral Form

<b>Referring To</b>	<b>Date of Referral:</b> _____		<b>Phone:</b> _____	<b>Fax:</b> _____
	<b>Specialty:</b> _____			
	<b>Referring to Provider Name:</b> _____			
	<b>Please Schedule:</b>			
	Urgent (appointment within 7 days)			
	First Available with any Provider or provider listed: _____			
Routine Appointment: _____				
<b>Type of Referral</b>	<b>Referring from Provider's Name:</b> _____			
	<b>Supervising MD (if applicable):</b> _____		<b>Phone:</b> _____	<b>Fax:</b> _____
	<b>Person Completing Referral:</b> _____		<b>Practice Name:</b> _____	
	Medical Consultation: (Evaluate and advise with recommendations for management and send back to PCP) Co-management: (I prefer to share the care for the referred condition(PCP lead, first call)) Co-management: (Please assume principal care for the referred condition(Specialist assumes care, first call)) Specialist to Specialist - Secondary Referral - <b>Send copy of this referral to patient's PCP</b> Other (designate): _____			
<b>Patient Information</b>	<b>Patient Name:</b> _____		<b>If Child, Parent:</b> _____	
	<b>DOB:</b> _____	<b>Address:</b> _____	<b>City/Zip:</b> _____	
	<b>Daytime Phone:</b> _____	<b>Patient Insurance Type:</b> Partnership PPO HMO Medicare Work Comp Other		
	<b>Insurance Auth #:</b> _____	<b>Copy of card attached (Front &amp; Back)</b>		
<b>Clinical Information</b>	<b>Reason for Referral (Clinical Question):</b> _____ _____			
	<b>Required Documentation:</b>			
	<b>Problem list:</b> Medications lists Allergies Recent labs Pertinent imaging reports Relevant clinical notes ( do not include non relevant records) Other: _____			
<b>Reason for referral discussed with patient? Yes No: Explain</b>				
<b>Referral Tracking (to be completed by Specialty Office)</b>				
<b>Referral Tracking</b>	<b>Referral Received Date:</b> _____ (Fax back to Referring provider to acknowledge receipt of referral)			
	Request for additional information (please detail): _____ _____			
	<b>Appointment Scheduled with:</b> _____		<b>Date &amp; Time:</b> _____ Referral deemed routine (not urgent)	
	Patient Cancelled/No showed for appointment Patient will schedule at a later date Unable to contact patient Patient did not call for appt Other: _____			