



Referral Services

Priority: Routine Urgent STAT

Please provide the following information and fax to **509-249-4450**.

PATIENT INFORMATION

Last Name: _____ First: _____ Date of Birth: ____ / ____ / ____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

SSN: _____ - _____ - _____ Gender: M F T Interpreter Needed: Y N *Preferred Language* _____

Name of Employer: _____ City: _____

Guarantor Name: _____ Guarantor Date of Birth: ____ / ____ / ____ Gender: M F T
(If patient is under 18)

Primary Insurance Plan: _____ Secondary Insurance Plan: _____

Identification #: _____ Identification #: _____

Group #: _____ Group #: _____

Authorization #: _____ Authorization #: _____

Policy Holder Name: _____ Policy Holder Name: _____

Policy Holder Date of Birth: ____ / ____ / ____ Relationship: Spouse Parent Other Policy Holder Date of Birth: ____ / ____ / ____ Relationship: Spouse Parent Other

Workers Compensation or MVA Insurer Name: _____

Claim #: _____ Date of Injury: ____ / ____ / ____ State: _____

Claims Manager Name: _____ Phone #: _____ Fax #: _____

Preferred Pharmacy: _____

CLINICAL INFORMATION

Referring Provider Name: _____ PCP Name: (if different from Referring Provider) _____

Referring Provider NPI: _____ Phone #: _____ Fax #: _____

Reason for referral Consult/Make recommendations only Consult/Treat/Return when stable
(For Water's Edge only) Include pain medication management Assume full pain management

Reason for Referral: _____ Diagnosis Code (ICD-10): _____

REQUESTED TREATING SPECIALTY CLINIC

- | | | |
|--|--|---|
| <input type="checkbox"/> Cascade Surgical Partners | <input type="checkbox"/> Memorial Heart, Lung, and Vascular | <input type="checkbox"/> Yakima Endocrinology Associates 509-574-3805 |
| <input type="checkbox"/> Generations OB/GYN | <input type="checkbox"/> Cardiology <input type="checkbox"/> Pulmonology <input type="checkbox"/> Vascular | <input type="checkbox"/> Yakima Gastroenterology |
| <input type="checkbox"/> Lakeview (PT excluded) | <input type="checkbox"/> Rheumatology | <input type="checkbox"/> Water's Edge 509-574-3805 |
| <input type="checkbox"/> Memorial Sleep Specialist | <input type="checkbox"/> Yakima Ear, Nose and Throat | <input type="checkbox"/> Wound Care and Hyperbaric Services |

Yakima Endocrinology and Water's Edge require a peer to peer for all emergent patient care, call the number listed next to the clinic name prior

Peer to Peer Provider Name: _____ Preferred Treating Provider: _____

THESE PATIENT MEDICAL RECORDS PERTAINING TO THE DIAGNOSIS NEED TO ACCOMPANY THIS REFERRAL

- Chart Notes Vascular Studies Radiology Reports Lab Reports (to be included with all blood related diagnoses)