**TANDEM365 REFERRAL FORM**

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| **RETURN COMPLETED REFERRAL REQUEST FORM TO** |
| **ATTENTION** | INTAKE DEPARTMENT  | **FAX** | 616.588.5291 |
| **PHONE** | 616.588.5290 | **EMAIL** | TADMIN@TANDEM365.com |

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| **REFERRED BY** |
| **NAME** |  | **PHONE** |  |
| **PROVIDER** |  | **FAX** |  |
| **DATE** |  | **EMAIL** |  |

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| **PATIENT INFORMATION** |
| **LAST NAME** |  | **FIRST NAME AND MI** |  |
| **DATE OF BIRTH** |  | **FEMALE / MALE** |  |
| **INTERPRETER REQUIRED?** |  | **LANGUAGE REQUIRED** |  |
| **EMERGENCY CONTACT** |  | **RELATIONSHIP** |  |
| **PATIENT’S ADDRESS** |  | **CELL PHONE** |  |
|  | **HOME PHONE** |  |
|  | **WORK PHONE** |  |
|  | **EMAIL** |  |
| **REFERRAL DIAGNOSIS** |  |  |
| **PCP** |  | **PHONE** |  |

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| **SERVICE REQUESTED** |
| **REASON FOR REFERRAL** |  |
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| **ADDITIONAL COMMENTS** |  |
| **HISTORY** | **PLEASE ATTACH THE MOST RECENT H & P**  |

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| **INSURANCE INFORMATION** |
| **INSURANCE COMPANY** |   |  | **INSURANCE #** |  |  |  |
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