

- Please fax the completed form to 216.448.9738, Attention: Referring Physician Hotline
- Please send a copy of the front and back of the insurance card
- Please **DO NOT** send medical records. If medical records are needed we will request them
- **IF THIS IS AN URGENT REQUEST**, please call 855.REFER.123 (855.733.3712)

## PATIENT INFORMATION (PLEASE PRINT)

Patient Name:		Birth Date:	CCF# / SS#:
Home Phone:		Work/Mobile Phone:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address:			
City:		State:	ZIP Code:
Marital Status:	Preferred Language:	Hearing or Visually Impaired: <input type="checkbox"/> Hearing <input type="checkbox"/> Visually	
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Declined		Race: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Multiracial/Multicultural <input type="checkbox"/> Declined	
Emergency Contact Name:		Relationship to Patient:	Phone Number:
Insurance Name/Plan:		Group#:	Effective Date:
Subscriber Name:		ID#:	Subscriber Birth Date:
Primary Care Physician Name (Last, First):			

## REFERRING PHYSICIAN INFORMATION

Referring Physician's Name (Last, First):	Contact Name:	
Office Address:	Email Address:	
City:	State:	ZIP Code:
Phone Number:	Fax Number:	NPI Number:

## APPOINTMENT REQUEST

Requested Provider /Specialty:		
Work-Related Injury: <input type="checkbox"/> Yes <input type="checkbox"/> No	Accident Related: <input type="checkbox"/> Yes <input type="checkbox"/> No	Surgical Request: <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for referral (diagnosis or symptoms): <a href="#">DO NOT enter ICD codes here</a>		

**QUESTIONS?** Contact the Referring Physician Hotline, 24 hours a day, 7 days a week, at **855.REFER.123 (855.733.3712)**.  
 You will receive confirmation once the appointment is scheduled. Thank you for referring to the Cleveland Clinic.