The Nephrology Group, Inc.
Comprehensive Kidney Care

568 E. Herndon Ave., Suite 201, Fresno, CA 93720
Phone 559-228-6600

New Patient Referral Form

For referring offices. Complete this form on screen or by hand, then send it to our office with the requested records. Call 559-228-6600 with any questions.

PATIENT INFORMATION

The patient being referred to The Nephrology Group.

Demographics

Date

Last name

First name

Middle initial

Date of birth

Social Security number

Sex

- ◯ Male
- ◯ Female

Address

City, state

ZIP code

Primary phone

Primary phone type

- ◯ Home
- ◯ Cell

Secondary phone

Secondary phone type

- ◯ Home
- ◯ Cell

Insurance

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Primary insurance

ID number

Group number

Secondary insurance

ID number

Group number

Language assistance

Language assistance needed

◯ No ◯ Yes ◯ DHHSC

Specify language

REFERRING PROVIDER AND REASON

Referring physician

Office contact person

Phone

Fax

Requested timing

◯ ASAP ◯ Next available (2 to 4 weeks)

Diagnosis and reason for referral

RECORDS TO SEND

Please send the following so we may process your referral in a timely manner. One of our new patient referral coordinators will contact the patient within 24 to 48 hours after receiving the referral.

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Records enclosed with this referral

- [ ] Office notes (most recent)
- [ ] Most recent labs
- [ ] Insurance cards (front and back)
- [ ] Current medication list
- [ ] Hospital visits
- [ ] Radiology and other exams

Anything else our coordinators should know