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|-----------------------------|
| <b>Office Use Only</b>      |
| Date Received: _____        |
| Reviewed by: _____          |
| Accepted _____ Denied _____ |
| Specialist Name: _____      |
| Appt. Date: ____/____/____  |

# Referral Form to Specialists

| Referring Provider Information  |  | Today's Date: ____/____/____ |
|---|--|------------------------------|
| Provider Name:  | *Fair Haven CHC *CS-Hill Health *Yale-PCC *Yale-ED<br>*Yale Women Center *HSR-PCC *HSR-ED<br>*Haven Free Clinic *Other |                              |
| <b>Provider Contact Info: In order to better serve your patient, it is vital that Project Access be able to reach you (Cell phone preferred)</b><br>Cell: _____<br>Other: _____ |  |                              |

| Patient Information (Patient Sticker also Acceptable)   |   |
|---|---|
| Patient Name:   | Date of Birth: ____/____/____   |
| Street Address:   | Patients Preferred Telephone Number<br><br>cell home work: ____ - ____ - ____ |
| Town (circle one):<br>Branford - East Haven – Guilford – Hamden – New Haven – North<br>Branford – North Haven – Northford – Orange – Wallingford –<br>West Haven - Woodbridge |   |
| Patient's Preferred Language:   | Interpreter Needed: Y/N   |

| Specialty Referral Information  |  |
|---|--|
| Urgency of Referral (circle one): Within 3 days    Within 1 week    Within 3 weeks<br><i>(Non-urgent referrals are not eligible for Project Access)</i> |  |
| Type of Specialist Requested:   |  |
| Reason for Referral (please specify need for specialty care and rule out diagnoses):  |  |
| Duration or Approximate Date of Onset:  | ED Visits for this Condition: Y/N<br>No. of Visits :                                 YNHH/St.<br>Raphael/Other |
| Relevant past medical history:  |  |
| Relevant imaging or labs (Please attached any relevant documentation. If none, please state):   |  |
| Past treatments for this condition (Please attached any relevant documentation. If none, please state):   |  |
| Current Medication List (Please attach list of medications if available):   |  |