



# Yuma Nephrology, P.C.

Board Certified in Nephrology and Internal Medicine

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Nephrology and Hypertension

## REFERRAL FORM FOR CONSULTATION

Date Requested: \_\_\_\_\_ Urgent: \_\_\_\_\_ Routine: \_\_\_\_\_

\_\_\_\_\_ New Referral: Referring Physician: \_\_\_\_\_

\_\_\_\_\_ Self Referred: **Patient is responsible for obtaining all information necessary for this consultation request unless your PCP/Provider agrees to refer you to us then we send this referral to PCP with your signed Medical Record Release Form. (PCP Office info required.)**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

SSN: \_\_\_\_\_

Address: \_\_\_\_\_ APT/Unit: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Cell/Work: \_\_\_\_\_

Insurance Primary: \_\_\_\_\_ Secondary: \_\_\_\_\_

**Pertinent information required in order to process the referral and obtain Insurance authorization These must accompany this referral form fully signed and dated after review for completeness by referring provider or if self referred by the patient or designated authorized representative. By signing this form you verify that all information submitted are substantial for initial consultation.**

Copy of all insurance cards (Example Medicare, AHCCCS, Commercial, etc.)

H&P within 1 year; Progress notes within 6 months include medication list

Labs within 6 months

Any kidney/pelvis/abdominal ultrasounds, CT, scan, MRI ,biopsy report, other

Any hospital/specialist consults, treatments pertinent to referral

Reason For Referral: \_\_\_\_\_

Referring PCP/Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Self Referred Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

We will not schedule your patient unless this form with the above information re received. Allow us a day for proper verification of insurance, then we notify your patient of appointments.

Appointment date/time: \_\_\_\_\_ Scheduled by: \_\_\_\_\_

Insurance verified by: \_\_\_\_\_