



# PRIMERO HEALTH

1701 East 7<sup>th</sup> Street, Austin, TX 78702

Phone: (512) 433-1796 or 512-736-4361 email: info@primerohealth.com

## REFERRAL FOR SERVICES

SERVICES REQUESTED: SN PT OT ST MSW HHA

Date of referral: \_\_\_\_\_ Time: \_\_\_\_\_

Referral Source: \_\_\_\_\_ Intake Staff: \_\_\_\_\_

Patient Name: \_\_\_\_\_ SS# \_\_\_\_\_

Patient Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ SEX: M F Date of Birth: \_\_\_\_\_

Primary MD: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Secondary MD: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Diagnosis:  
\_\_\_\_\_  
\_\_\_\_\_

Face- to-Face Encounter Date: \_\_\_\_\_

### PAY SOURCES:

MEDICARE: \_\_\_\_\_ MEDICAID: \_\_\_\_\_

INSURANCE: \_\_\_\_\_ OTHER: \_\_\_\_\_

### *ADDITIONAL INFORMATION/COMMENTS:*

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