



Patient Referral Form for Sonoma County

Fax: 415.733.0019 Ph: 415.733.0004
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Email: info@operationaccess.org Web: www.operationaccess.org

Operation Access office use:

First: Last:
Address:
City/State/Zip:
Check if Homeless and provide Case Manager info
Best phone #:
Other phone #:
Emergency Contact:
Contact phone #:
Language: Ethnicity:
English Speaker in household? Yes No
Date of birth: Sex: M F

Clinic Contact Info

Referring Clinic:
Referring Provider:
If seen by specialist - Name of MD:
Ph: E-mail:
Clinic Contact/Case Manager:
Ph: E-mail:
Fax: Referral Date:

Eligibility Guidelines

Patients may be referred for non-emergency, outpatient & elective procedures. Available services depend on availability of volunteer doctors.

- In order to qualify, a patient must:
Not have health insurance or Worker's Comp. coverage.
Not have a valid social security number.
Earn less than 250% of the Federal Poverty Level: \$29,700 for individual, \$60,750 for family of four.
Not require ongoing care by specialist for successful recovery (referring clinic maintains responsibility for care after procedure and final appointment).

Please fill out completely and fax

Attach Relevant Clinical Information (check off what is included):

- Progress Notes (if relevant)
Most Recent H&P/Medical History
Imaging Results
Labs
Pathology Report
Surgical Reports
Other

Procedure(s) Requested:

Check if a biopsy is being requested:
If a malignancy is detected: the patient will be referred back to you (the medical home) for coordination of follow-up care.
OA's scope of service is limited to the diagnostic procedure.

Diagnosis / Symptoms / Relevant Treatment or Hospitalizations:

Visual Acuity (for eye referrals):
Body Mass Index:
Mental Illness? Treated? Yes No
Current Medications:

Anticoagulants?: Yes No
Allergies:

Diabetes: If yes: Controlled? Yes No
Co-Morbidities (circle all existing or past conditions):
Heart Disease Stroke Hypertension Lung Disease
Kidney Disease Diabetes Cancer Family History of Cancer
Active Substance Abuse History of Substance Abuse
Other