

Referral Form

Or stamp Clinician information here



Call 707-575-6043 with questions. **Fax completed form to 707-575-1060**

-Complete this area <i>or</i> attach printout with patient information-	
Patient Name:	Provider Office:
<input type="checkbox"/> Patient under 18 Parent or guardian name:	Referring Provider or PCP:
Date of Birth ____/____/____	Provider Phone: Alternate Phone:
Primary Phone Number: Secondary Number:	Provider Fax: Provider Email:
Patient's Preferred Language:	<u><i>*Please attach most current lab work*</i></u> Provider Comments:
Patient's Diagnoses & Codes <i>(please list all):</i>	
Patient's Primary Insurance:	

More Information:

Thank you for your referral to the Center for Well-Being the North Bay's premier health education and wellness center! We are dedicated to advancing community health through evidence-based self-management classes that are *proven* to achieve results.

All patients referred to nutrition services will be provided with an individual initial intake appointment to offer group classes and/or individual medical nutrition therapy visits. All services are offered in English and Spanish.

We attempt to contact patients within 48 hours of receiving the referral, and we make at least four attempts to contact and schedule your patient. After receiving services, we will send the referring provided a status report.

Many services are covered by insurance – but no patient will be denied services for inability to pay!

