JOHN MUIR HEALTH

Physician/Nurse Practitioner (MD/NP) Referral Request

Patient Information		
Patient Name:	Patient Phone Number:	Date of Birth:

Insurance Information	
Insurance Type:	Insurance Phone Number:
Diagnosis:	ICD-9 Code:

Additional Comments and Notes:

☐ Attachment: H&P and/or pelvic examination information ☐ Attachment: Copy of patient's demographics

☐ Attachment: Copy of patient's insurance card

Referring MD/NP Name: _____ Contact #: _____

Referring MD/NP Signature*: _____ Date: _____

* Signature of referring MD/NP is required to confirm the diagnosis and treatment plan. Signature of referring MD/NP provides approval of services requested allowing the center to obtain insurance authorization when required.

All referrals include comprehensive patient education and classes available at the Women's Health Center.

Please check the following services that apply:	
☐	Full Evaluation– may include: • Nurse Practitioner Pelvic Evaluation • Physical Therapy Assessment and Treatment Plan • Urodynamic Testing • Nutrition Consultation
☐	Nurse Practitioner Evaluation
☐	Physical Therapy Evaluation and Treatment Plan
☐	Pelvic Floor Rehabilitation– may include: • Biofeedback • Electrostimulation
☐	Urodynamic Testing
☐	Education and Patient Teaching of Self-Catherization
☐	Nutritional Counseling

A full report will be sent back to referring MD/NP after visit.

If required, please indicate the name of preferred physician for further evaluation: _____

(Urologist, Urogynecologist or Gynecologist, etc.)

Center for Women's Continence & Pelvic Health
1656 N. California Blvd.,
Walnut Creek, CA 94596
Tel: (925) 941-7900 | **Please Fax Form To:** (925) 941-4577