HENRY FORD HEALTH

Henry Ford Referral Line

Phone: (877) 434-7470 • Fax: (313) 916-5717

REFERRAL FORM

Date: ______________________ Form completed by: ______________________

☐ New patient ☐ Updated patient information (if updated information please fill ot name, date and date of birth only unless changes have occurred)

Patient name ______________________ (last) ______________________ (first) DOB (Date of birth) ______________

Address ____

City ______________________ State ________ Zip ____________

Phone ______________________ Alt. Phone ______________________

Diagnosis ____

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Location Preference:

☐ Jackson/HFAH ☐ Detroit/HFH ☐ Macomb/HFMH ☐ Wyandotte/HFWH ☐ West Bloomfield/HFWBH

Locations will be offered where the services referred for are rendered, patients will select the location that is most convenient.

Requested Department ____

Reason for referral ____

Provider Requested (if known): ____

Timeframes: ☐ Urgent (1-2 Weeks) ☐ Routine (2 weeks or greater)

Referring Physician ______________________ Primary Care Physician ______________________

Address ______________________ Address ______________________

City, State, Zip ______________________ City, State, Zip ______________________

Phone ______________________ Phone ______________________

Fax ______________________ Fax ______________________

Email ______________________ Email ______________________

PROOF

INSURANCE (attach copy of all insurance card(s) Front and Back and complete the following):

Primary Insurance ______________________ Policy Holder ______________________

Insurance company name ____

ID/Policy # ______________________ Group ____________ Phone ____________

Employer name ____

Secondary Insurance ______________________ Policy Holder ______________________

Insurance company name ____

ID/Policy # ______________________ Group ____________ Phone ____________

Please fax referral form and the following prior to patient appointment at (313) 916-5717:

☐ Pertinent biopsy reports ☐ Pertinent consult notes ☐ Pertinent lab reports ☐ Pertinent imaging reports (CT, MRI, X-ray)

QUESTIONS? CALL (877) 434-7470

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