The Nephrology Group, Inc.
Comprehensive Kidney Care

568 E. Herndon Ave., Suite 201, Fresno, CA 93720
Phone 559-228-6600
Fax 559-226-3709

New Patient Referral Form

For referring offices. Complete this form on screen or by hand, then send it to our office with the requested records. Call 559-228-6600 with any questions.

PATIENT INFORMATION

The patient being referred to The Nephrology Group.

Demographics

Date

Last name

First name

Middle initial

Date of birth

Social Security number

Sex

◯ Male ◯ Female

Address

City, state

ZIP code

Primary phone

Primary phone type

◯ Home ◯ Cell

Secondary phone

Secondary phone type

◯ Home ◯ Cell

Insurance

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Primary insurance

ID number

Group number

Secondary insurance

ID number

Group number

Language assistance

Language assistance needed

◯ No ◯ Yes ◯ DHHSC

Specify language

REFERRING PROVIDER AND REASON

Referring physician

Office contact person

Main phone number

Office fax

Address

NPI

Requested timing

◯ ASAP ◯ Next available (2 to 4 weeks)

Diagnosis and reason for referral

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RECORDS TO SEND

Please send the following so we may process your referral in a timely manner. Lab work is required (CMP, CBC, and UA). One of our new patient referral coordinators will contact the patient within 24 to 48 hours after receiving the referral.

Records enclosed with this referral

- ☐ Office notes (most recent)
- ☐ Most recent labs
- ☐ Insurance cards (front and back)
- ☐ Current medication list
- ☐ Hospital visits
- ☐ Radiology and other exams

Anything else our coordinators should know