PROVIDER REFERRAL

SEND COMPLETED REFERRAL

Fax: 562-361-9516 | Email: info@healthyconnectionsca.com

REFERRAL DESTINATION

Receiving provider / clinician: INEZ GUTIERREZ

Organization / practice: WELCOME TO AMERICA

Referral date (MM/DD/YYYY):

Phone: 833-249-1563

Secure fax: 562-361-9516

Secure email: info@healthyconnectionsca.com

CLIENT / PATIENT INFORMATION

Full legal name:

Date of birth:

Pronouns (optional):

Preferred phone:

Email:

Preferred language:

Address:

Parent / guardian (if applicable):

Insurance plan:

Member / policy ID:

Group ID:

REFERRAL REQUEST

Service(s) requested - check all that apply

- ☐ Primary care
- ☐ Therapy / counseling
- ☐ Psychiatry / medication
- ☐ Substance use
- ☐ Case management
- ☐ Care coordination
- ☐ Specialty care
- ☐ Resources
- ☐ Walmart gift card
- ☐ Medi-Cal enrollment
- ☐ Medi-Cal renewal
- ☐ Legal services
- ☐ Free phone
- ☐ Covered CA
- ☐ Medicare assistance
- ☐ Other

Reason for referral / relevant clinical summary

PRIORITY AND SAFETY

Priority: ☐ Routine ☐ Urgent (24-72 hours)

Immediate safety concern? ☐ No ☐ Yes

If urgent or yes, describe risk, safety plan, and actions already taken

INFORMATION INCLUDED

- ☐ Demographics
- ☐ Insurance card
- ☐ Relevant notes
- ☐ Labs / imaging
- ☐ Medication list
- ☐ Other

REFERRING PROVIDER

Name and credentials:

Organization:

NPI (optional):

Direct phone:

Secure fax:

Secure email:

☐ Client/authorized representative consent for this referral and information exchange has been obtained.

LOCATIONS FOR REFERENCE: 11 W. Ocean Blvd., Suite 400, Long Beach, CA 90802 | 17130 Sequoia St., Suites 104 & 106, Hesperia, CA 92345

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