



# Patient Referral Form (already enrolled pts)

Date: \_\_\_\_\_

Fax to: (828) 274-1825

**Instructions:** Form to be completed by physician/provider and faxed to WCMS Project Access®. Project Access® will notify your office of the appropriate specialist for referral once the patient has completed the entire screening process and it has been determined that they qualify for enrollment. **As the patient's provider, you agree to see them free of charge.**

**This form is only for patients who are already enrolled in Project Access®, but need a new outside referral. Patient will not go through the screening process. If your patient will be new to Project Access® or needs to be re-enrolled in the program, please use the full Patient Referral Form.**

1. **Patient information:** Name \_\_\_\_\_  
 DOB \_\_\_\_\_ SS#: \_\_\_\_\_

2. **Provider Information:**  
 Signature \_\_\_\_\_ MD/DO/PA/NP  
 Printed Name \_\_\_\_\_  
 Practice Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Office Contact Name \_\_\_\_\_ Fax \_\_\_\_\_

3. For outside referral to specialist or other service, please check the appropriate box(es) below:

Acupuncture	Internal Medicine	Pulmonary Diseases
Allergy/Asthma	Nephrology	Radiation Oncology
Anesthesiology	Neurology	Rheumatology
Cardiology	Neurosurgery	Sleep Disorder
Cardiovascular Surgery	Obstetrics & Gynecology	Urology
Chiropractic	Ophthalmology	Wound Care
Dermatology	Optometry	Lab Services
Diabetic Education	Orthopedic Surgery	<b>Counseling (circle below):</b>
ENT	Pathology	Mental Health (diagnosis):
Family Medicine/Primary Care	Pediatrics	Substance Use
Gastroenterology	Physical Medicine & Rehabilitation	Developmental Disability
General Surgery	Physical Therapy	
Hematology/Oncology	Plastic Surgery	
Infectious Disease	Psychiatric	

Other Specialty:	Diagnostic (describe):	Radiology (describe):
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4. Referral reason: \_\_\_\_\_  
 5. Specific provider or practice requested \_\_\_\_\_

(PA staff will try to honor any requests for a particular provider, but cannot guarantee the request depending on the number of patients that provider has pledged to see)