

Humboldt County Referral Form – Specialty Guidelines

ST JOSEPH HEALTH PHYSICAL MEDICINE AND REHABILITATION

- We will call patient to schedule their appointment
- Fax referral to 707-268-0110
- For Emergent Referrals, send to the Emergency Department.
- Unless urgent, eRAF must be included in the referral for patients with Partnership Health Plan

Reason for Referral (Clinical Question)	“Required” Clinical Testing & Documentation	“Preferred” Additional Clinical Testing & Documentation
<ul style="list-style-type: none"> • Must include specific reason and area of body 	<ul style="list-style-type: none"> • Most recent notes • All imaging related to referral • Documentation of all treatment measures attempted, failed, completed 	<p>Prior records that are pertinent to referral</p>