

Humboldt County Referral Form – Specialty Guidelines

OPEN DOOR WOMEN'S HEALTH OB/GYN and Women's Health

- Please ask your patient to contact us within 5-10 business days after sending the referral, to schedule the appointment.
- Fax referrals to (707) 825-8203
- Our office is contracted with Medicare, Blue Cross and Blue Shield, HMO and PPO, Partnership, United Healthcare, HealthComp, ChampVA, and Tricare.
- All referral requests REQUIRE prior medical records involving treatment or testing for current clinical question

Reason for Referral (Clinical Question)	“Required” Clinical Testing & Documentation	“Preferred” Additional Clinical Testing & Documentation
Postmenopausal Bleeding		Previous treatment or Rx
Fertility		Menstrual calendar
Menorrhagia	Labs- Hemoglobin and Hematocrit	
Transgender Hormone Therapy (male to female)		
Abnormal Pap Smear or Colposcopy	-Pap if >29 HPV + -Pathology -Prior Rx	
Hormone Replacement Therapy		
Fibroids	Pelvic U/S	
Pelvic Pain	-Prior Records	
Vulvodynia		
Cervical Polyps		
Ovarian Cysts	-Pelvic U/S	
Vulvar Lesions	-Prior Biopsies	
Prolapse/ Incontinence		-Urinalysis
Pelvic Mass		
Recurrent Vaginitis	-Prior exam and/or culture	
Menstrual Irregularity		-Menstrual Calendar

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OB, Low and High Risk		Any visit information with regard to prenatal care, for example, bloodwork, ultrasounds, etc.
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