

Referral Form for NCPC



PREVENTION CENTER

609 Professional Drive
Roxboro, NC 27574
336-322-3352 (office)
336-599-2716 (fax)

Referral Request (Please complete as much information as possible and fax to 336-599-2716)

Patient Name: _____ DOB: _____

Address: _____

Best # to reach patient: _____ Work/Home/Cell

Referring Physician _____ Office Phone: _____

Referring Physician specialty (PCP/ Cardiology, etc) _____

Clinical information leading to referral:

<input type="checkbox"/> HTN	<input type="checkbox"/> Hx MI	<input type="checkbox"/> Family Hx MI
<input type="checkbox"/> Cholesterol	<input type="checkbox"/> Hx CVA	<input type="checkbox"/> Family Hx CVA
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Bypass/stent surgery	<input type="checkbox"/> Family Hx DM
<input type="checkbox"/> Obesity		
<input type="checkbox"/> Elevated Fasting BS	<input type="checkbox"/> Smoker	
<input type="checkbox"/> Gum Disease/previous Dental infections	<input type="checkbox"/> Sedendary Lifestyle	

Insurance Information (attach copy of card if available)

Company: _____ Subscriber ID: _____ Subscriber DOB: _____

Group number: _____ Subscriber name: _____

Insurance Contact Number: _____