

Referral to The Portland Clinic

Patient Access Specialist

Phone: 503.802.6377

Fax: 503.214.4690

Patient Demographics

Name:

Sex:

DOB:

SSN:

Interpreter required

Language spoken:

Address:

Street:

City, State Zip

Preferred phone:

Alt. phone:

If minor guarantor information

Name:

Relationship:

DOB:

Coverage

Insurance company:

Member ID:

Subscriber:

Relationship:

Subscriber ID:

Subscriber DOB:

Subscriber address:

Referral information

Referring provider:

PCP:

Clinic Name:

Referred to:

Specialty:

Reason for referral:

Diagnosis code(s):

Referring office contact information

Name:

Phone:

Additional information