



## Telehealth Referral Request Form

Dermatology Store and Forward Program

Email: [telederm@health.ucdavis.edu](mailto:telederm@health.ucdavis.edu) or Fax: 916-442-5702

Date/Time Sent to UC Davis Health: \_\_\_\_\_

From: \_\_\_\_\_  
(Remote Site Telehealth Coordinator)

Clinic Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

☐ New Patient: Complete this box and item numbers **1-18** (include front and back copy of insurance card)

☐ Follow-up: Complete this box and item number 1

Reason for Consult: \_\_\_\_\_

### PATIENT INFORMATION:

1. Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ ☐ Female ☐ Male

2. Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_

4. Ethnicity \_\_\_\_\_

5. Marital Status: ☐ Married ☐ Single ☐ Separated ☐ Divorced

6. Have you ever been seen at UC Davis Health under another name? ☐ No ☐ Yes

If yes, under what name: \_\_\_\_\_

### GUARANTOR INFORMATION: *(Complete this section ONLY if different from patient or if patient is under 18)*

7. Guarantor Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

8. Address (if different than patient): \_\_\_\_\_

9. Employer Name: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

### INSURANCE INFORMATION:

10. Name of Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

11. Authorization #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

12. What does the authorization cover and how many visits does it cover? \_\_\_\_\_

**(Please attach copy of insurance card and a copy of insurance authorization.)**

### POLICY HOLDER INFORMATION: *(Complete this section ONLY if different from patient and Guarantor)*

13. Policy Holder Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

14. Social Security Number: \_\_\_\_\_

15. Relationship to Patient: \_\_\_\_\_

### REFERRING PHYSICIAN INFORMATION:

16. First and Last Name: \_\_\_\_\_ Phone: \_\_\_\_\_

17. Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

18. AMA License #: \_\_\_\_\_

*All information requested above is necessary for patient registration. If there are any questions, please call 916-734-7702.*