



REFERRAL COVER SHEET

Thank you for choosing to refer your patient to Swing Care. To start the referral process, please complete this form and fax it directly to our telehealth clinic at 1-877-349-1868. You can also submit a referral through LeadingReach or on our secure [web form](#).

- Send a copy of the patient's insurance card (both sides).
- Send brief, pertinent medical records that support the consultation.
- For help referring a patient, call 1-800-924-7811

Date	No. of Pages
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PATIENT INFORMATION

Name of Patient		DOB
Phone	Address Line 1	
City	State	Zip
Email Address:		
Insurance Plan:		Insurance ID #

CONSULTATION REQUEST INFORMATION

Diagnosis/ICD-10:
Reason for Consultation (select all that apply): <input type="checkbox"/> Stanza <input type="checkbox"/> Pain psychology <input type="checkbox"/> Medication management

By providing the information requested and signing below, you agree that we may initiate treatment following consultation or perform medically necessary diagnostics in association with this consultation.

REFERRING PHYSICIAN INFORMATION

Referring MD	Specialty
Practice Name	NPI
Phone	Fax
Primary Care Provider	Phone

NOTICE OF CONFIDENTIALITY: This is a confidential fax and is intended solely for the person indicated above. If you are not the intended person, you are hereby notified of the confidential nature of this fax and that you are not entitled to read, copy or otherwise disseminate any of the information contained herein.