

Health Care for the Homeless, Inc.  
111 Park Avenue. Baltimore, MD 21201 . (410)837-5533

## Referral Form

Date: \_\_\_\_\_

ss # \_\_\_\_\_

Client Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ HCH #: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_\_ insurance: \_\_\_\_\_ #: \_\_\_\_\_

REFERRED TO: Name \_\_\_\_\_ Mercy Medical?  Yes  NO  
Address \_\_\_\_\_ city \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_

Date of Appointment: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time of Appointment: \_\_\_\_\_ Number of Visits: \_\_\_\_\_

TYPE OF REFERRAL: (circle one)

OTHER: (circle one)

- |                    |                     |                  |                |                  |
|--------------------|---------------------|------------------|----------------|------------------|
| 1 Dental           | 13. Radiology       | 20 ENT           | 26. Psych ER   | 18. Clothing     |
| 2 Optometry        | 14. Cardiology      | 21 Surgery       | 27 GYN         | 5. Shelter       |
| 3. Ophthalmology   | 15. GI              | 22. OT/PT        | 28 Pain Clinic | 7 Food           |
| 4. Podiatry        | 16 Vascular Surgery | 23. Neurology    | 29 Pulmonary   | 11 Pharmacy      |
| 6. Emergency Dept. | 17 Orthopedics      | 24. Neurosurgery | 30. PAP Smear  | 32 Vision Van    |
| 9 Substance Abuse  | 19. Dermatology     | 25. Urology      | 31. Mammogram  | 12. Other: _____ |

REASON FOR REFERRAL (Presenting Problem(s), Condition(s):

\_\_\_\_\_  
*Signature of Referring Person/Title*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*HCH Code*

DISPOSITION:

\_\_\_\_\_  
*Signature and Title*

\_\_\_\_\_  
*Date*