

## HOW TO USE THE REFERRAL SHEET

**A handy reference to list telephone numbers often used for referrals in your practice**

**Rows:** Divided into 5 sections under headings of Clinical services, Pharmacy referrals, Laboratory Referrals, Billing/Benefits, and Miscellaneous

**Columns:**

The first column lists the different services

The second column - enter the name of the facility/agency that you refer clients to

The third column - enter a toll free number, if available

The fourth column - enter a local phone number

| Services                   | Name | Toll Free Numbers | Local Phone Numbers |
|----------------------------|------|-------------------|---------------------|
| <b>Clinical Services</b>   |      |                   |                     |
| Implant Removal            |      |                   |                     |
| Insert / Remove IUC        |      |                   |                     |
| Colposcopy                 |      |                   |                     |
| LEEP Procedure             |      |                   |                     |
| Vasectomy                  |      |                   |                     |
| Bilateral Tubal Ligation   |      |                   |                     |
| Infertility Services       |      |                   |                     |
| Mammogram Referral / BCCTP |      |                   |                     |

E.g.: If you refer your patients to another clinic/provider in your area to remove an IUC, list that clinic's name and toll-free telephone number (if available) and local number

|                           |  |  |  |
|---------------------------|--|--|--|
| <b>Pharmacy Referrals</b> |  |  |  |
| Pharmacy 1                |  |  |  |
| Pharmacy 2                |  |  |  |

List the name and the phone number of the pharmacies that you use frequently in your area

|                             |  |  |  |
|-----------------------------|--|--|--|
| <b>Laboratory Referrals</b> |  |  |  |
| Laboratory 1                |  |  |  |
| Laboratory 2                |  |  |  |

List the name and the phone numbers of the labs most often used in your practice

|                           |  |  |  |
|---------------------------|--|--|--|
| <b>Billing / Benefits</b> |  |  |  |
| EDS Hotline               |  |  |  |

List your area EDS representative's name and their hotline number in this section

|   |  |  |  |
|---|--|--|--|
| <b>Miscellaneous</b>                      |  |  |  |
| Medi-Cal                                  |  |  |  |
| Medi-Cal Managed Care                     |  |  |  |
| Healthy Families                          |  |  |  |
| Free / Low cost health care               |  |  |  |
| AIDS Drug Assistance Program              |  |  |  |
| Domestic Violence Hotline                 |  |  |  |
| Substance Abuse Treatment / Rehab Centers |  |  |  |
| Mental Health Resources                   |  |  |  |
| County / City Department of Health        |  |  |  |

List the contact or agency names and phone numbers of social service agencies where you refer patients in this section

This form is available electronically and can be tailored to your needs. Call 1-877-Fam-PACT if you would like an electronic copy.