



Housecall Doctors P.C.

9030 Cline Avenue
Highland, IN 46322
219-472-8069

NEW PATIENT REFERRAL

To refer a patient, please complete the information below and fax this form to:

FAX: 219-359-3181

The patient will be contacted within 24 business hours to schedule an appointment.

If you have any questions, please contact us at **800-945-4654**.

REFERRED BY: _____

DATE: _____ CONTACT: _____ PHONE: _____

PATIENT INFORMATION:

PATIENT NAME: _____ GENDER: _____

ADDRESS: _____ CITY, STATE, ZIP: _____

PHONE: _____ ALTERNATIVE PHONE: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

PREFERRED PHARMACY: _____ PHONE: _____

INSURANCE INFORMATION:

PRIMARY INSURANCE: _____

POLICY ID: _____ GROUP ID: _____

SECONDARY INSURANCE: _____

POLICY ID: _____ GROUP ID: _____

PODIATRY ONLY:

PRIMARY CARE PHYSICIAN: _____ PHONE: _____

LAST VISIT DATE: _____ CITY: _____

EMERGENCY CONTACT INFORMATION:

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ CITY, STATE, ZIP: _____

PHONE: _____ ALTERNATIVE PHONE: _____

RECENT HOSPITALIZATION/HEALTH CONDITIONS/ALLERGIES: _____

OFFICE USE:

PATIENT ENTERED BY: _____ DATE: _____