Health Care Provider Referral Form

I. Provider Information (Required) *Provider fills out*

Facility (i.e. Hospital, Department of Health, Practice Name): _____

Unit (i.e. Hospital Department, Program, Branch): _____

Provider Name (i.e. Clinician, Health Professional): _____

Main Contact Person: _____ **Email:** _____

Phone: _____ Fax: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Northeast Florida AHEC is an entity that is compliant with the Health Insurance Portability and Accountability Act (HIPAA). Northeast Florida AHEC will only be able to share service outcome information with you if you verify that your organization is a HIPAA-covered entity and that the use of information is for treatment purposes as permitted by HIPAA. Please select one option below:

I am a HIPAA Covered Entity: ☐Yes ☐No

II. Patient Information (Required)

Patient First Name: _____ Patient Last Name: _____ Age: _____

County: _____ Zip Code: _____

Email: _____ Telephone _____

The best time to call you: *(check one)*

☐ Morning: 8am – Noon ☐ Afternoon: Noon – 5pm ☐ Evening: 5 – 9pm ☐ Anytime

Can we leave a voicemail? *(check one)*

☐ Yes ☐ No

My signature (or verbal consent) gives permission for my provider to send this form to a Northeast Florida AHEC representative. I understand that I will be contacted within the next week.

Patient Signature: ---------- Date: ----------

III. Referral Form Submission (Required) *Submit this form via fax or electronically for the program(s) selected below.*

Fax: 1-904-482-0196 **Electronic:** Use link below

https://www.cognitoforms.com/NortheastFloridaAHEC/healthcareproviderreferralform

For more information, please call Donna Henehan @ Northeast Florida AHEC at 904-482-0189

Program(s): *Check all that apply. See other side for program descriptions.*

- ☐ Fall Prevention
- ☐ Balance
- ☐ Exercise
- ☐ Tai Chi
- ☐ Savvy Caregiver's Program
- ☐ Healthy Eating
- ☐ Living Healthy/Chronic Disease Management
- ☐ Chronic Pain Management
- ☐ Diabetes Education
- ☐ Other _____

Format(s): ☐ In-Person ☐ Live Online Webinar ☐ Live Telephone-Based