

To expedite the engagement of your patient please include the following information with your referral:  
H&P, Progress Note, OR recent Discharge Summary; and Medication/Allergy List.

Please note that all fields in yellow are required.



### Affiliated Health System

Bayhealth ChristianaCare Beebe Healthcare TidalHealth Dover Family Physicians

Other:

### Patient Information

Is this patient/caregiver aware of this referral?  Yes  No

Patient Name:

Patient DOB:

Insurance:  Highmark Medicare Advantage  Highmark ACA

Member ID:

Street Address:

Phone:

City:

Zip Code:

Primary Caregiver:

Primary Caregiver Phone:



### Referring Information

PCP

Hospital

HH/HSP

SNF

LTAC

Specialist

Practice/Facility/Agency Name:

Referring Provider: ( same as PCP):

Phone:



### PCP Information

Patient PCP:

PCP Practice:

PCP Phone:

PCP Fax:

### Referral Information:

Primary Concern:

