



Fullerton Genetics Center  
 9 Vanderbilt Park Drive Asheville, NC 28803  
 Phone: 828-213-0022 Toll Free: 888-810-2800 Fax: 828-213-0039

REFERRAL FORM

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

**PATIENT INFORMATION**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Prenatal Patient: Yes \_\_\_ No \_\_\_ Gestational Age: \_\_\_\_\_

Parents/Guardians: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Insurance: \_\_\_\_\_ Carolina Access #: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_ Interpreter Needed: Yes \_\_\_ No \_\_\_

Was the child exposed to drugs or alcohol prenatally? Yes \_\_\_ No \_\_\_ Suspected \_\_\_ Unknown \_\_\_

**PHYSICIAN INFORMATION**

Referring physician: \_\_\_\_\_ NPI: \_\_\_\_\_ Taxonomy: \_\_\_\_\_

Practice name: \_\_\_\_\_ Caller: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**LOCATION INFORMATION**

Fullerton Genetics Center at 9 Vanderbilt Park Drive Asheville, NC 28803

Satellite Location (Please mark requested location)

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Franklin                      | <input type="checkbox"/> Murphy      |
| <input type="checkbox"/> Hope- A Women's Cancer Center | <input type="checkbox"/> Spruce Pine |
| <input type="checkbox"/> Mission SECU Cancer Center    | <input type="checkbox"/> Sylva       |
| <input type="checkbox"/> Morganton                     |                                      |

For Fullerton Genetics Center Staff Use:

SCHEDULED APPOINTMENT DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ PHYSICIAN: \_\_\_\_\_