



PATHS
Live Life. Be Healthy.

REFERRAL FORM

PATHS USE ONLY: Contact Successful? Yes No
Appointment Date/Time: _____
Comments: _____

Date: ___/___/___

Referring Agency: _____	Contact Person: _____
Phone: (____)____-____	Fax: (____)____-____
E-Mail: _____	

Patient First Name: _____ MI: _____ Last: _____ SS#: _____-____-____

Date of Birth: ___/___/___ Phone (____)____-____ Alternate Phone (____)____-____

Address: _____ City: _____ ST _____ Zip _____

Which program are you referring the patient to? *(Please check one of the following)*

<input type="checkbox"/> PATHS Community Medical Center - MARTINSVILLE <i>Questions? 276-632-2966</i> Fax completed referral form to: 276-632-0841	<i>Services include: Primary, Preventive and Wellness Care; Pediatric Care; Chronic Disease Management; Immunizations; Physicals and Wellness Checks.</i> <i>All insurances are accepted and we offer "Sliding Scale" fees based on household income for those who qualify.</i>
<input type="checkbox"/> PATHS Community Medical Center - DANVILLE <i>Questions? 434-791-4122</i> Fax completed referral form to: 434-791-4126	
<input type="checkbox"/> PATHS Community Medical Center - CHATHAM <i>Questions? 434-432-4443</i> Fax completed referral form to: 434-432-3555	
<input type="checkbox"/> PATHS Community Medical Center - BOYDTON <i>Questions? 434-738-6420</i> Fax completed referral form to: 434-738-6054	
<input type="checkbox"/> PATHS Community Medical Center - SOUTH BOSTON <i>Questions? 434-575-1336</i> Fax completed referral form to: 434-738-6054	
<input type="checkbox"/> PATHS MEDAssist <i>Questions? 434-791-4122 Option 3</i> Fax completed referral form to: 434-791-4048	For the low-income uninsured and under-insured patients of participating physicians and partners of PATHS Community Medical Centers who have chronic healthcare needs requiring prescription medication therapy. <i>Services Include: Medication Assistance using "The Pharmacy Connection"</i>
<input type="checkbox"/> PATHS Community Dental Center - DANVILLE <i>Questions? 434-791-4122</i> Fax completed referral form to: 434-791-4126	Services Include: General Dentistry: Routine & Urgent Evaluations; Digital X-Ray Cleanings; Sealants; Periodontal Therapy; Fillings; Extractions, *Major Dentistry: Partials; Dentures; Crowns; Bridges. <i>All insurances are accepted and we offer "Sliding Scale" fees for general dentistry services based on household income for those who qualify. *Major dentistry services are not covered by the sliding scale but discounts are available for those who qualify.</i>
<input type="checkbox"/> PATHS Community Dental Center - BOYDTON <i>Questions? 434-738-6420</i> Fax completed referral form to: 434-738-6054	Services Include: General Dentistry: Routine & Urgent Evaluations; Digital X-Ray Cleanings; Sealants; Periodontal Therapy; Fillings; Extractions, *Major Dentistry: Partials; Dentures; Crowns; Bridges. <i>All insurances are accepted and we offer "Sliding Scale" fees for general dentistry services based on household income for those who qualify. *Major dentistry services are not covered by the sliding scale but discounts are available for those who qualify.</i>

Please describe the specific details for the referral. If the patient is being referred for care by the providers at PATHS Community Medical Centers, please describe the patient's current health status in detail. *(Please be as specific as possible by including any lab or other test results, past medical history, etc.)*

Please attach additional pages if necessary.