REFERRAL FORM

NORTHWEST SPECIALTY HOSPITAL
QUALITY CARE SINCE 2003 | PROUDLY OWNED AND OPERATED BY PHYSICIANS

WOMEN'S CARE

PATIENT INFORMATION					
FIRST		MIDDLE		LAST	
GENDER		SSN		DOB	
ADDRESS					
CITY		STATE		ZIP	
CELL		WORK		HOME	
EMAIL					

INSURANCE INFORMATION					
FIRST		MIDDLE		LAST	
INSURANCE 1		ID#		GROUP #	
INSURANCE 2		ID#		GROUP #	

REFERRAL INFORMATION	
REFERRAL FROM	
PHONE	

❑ Consult and Intervention

❑ Intervention

REFERAL TO

❑ ADAM DUKE, MD
❑ LAURA YOUNG, MD
❑ MEEKA BOND, FNP-C
❑ JAMIE DRAKE, PA-C
❑ FIRST AVAILABLE

REFERRAL INDICATION

❑ PELVIC PAIN
❑ ENDOMETRIOSIS
❑ PROLAPSE
❑ INCONTINENCE
❑ ABNORMAL PAP (PLEASE INCLUDE A COPY OF PATHOLOGY)
❑ ABNORMAL /POST-MENOPAUSAL BLEEDING
❑ INFERTILITY
❑ BREAST MASS
❑ VAGINAL COMPLAINT
❑ ANNUAL EXAM
❑ OTHER: _____

SIGNATURE DATE

NORTHWEST SPECIALTY HOSPITAL
PROUDLY OWNED AND OPERATED BY PHYSICIANS
Women's Care

Northwest Women's Care
1551 E. Mullan Avenue, Suite 200 - A
Post Falls, ID 83854

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(208) 262 – 7460 | Fax

nwsh.com