



# Nashville Healthcare Center

## New Appointment Request Form (NARF)

Please fill out as completely as possible and fax to: 615-528-3621, Attention: Incoming Referral

Tel: 615-341-4968

**For emergent requests: please contact the Referrals Department at 615-341-4725**

For non-emergent priority referrals, please indicate urgency below:

- Urgent (Within 4 Weeks)
  Routine (Next Available Appointment)

Patient Last Name:		First:	Middle:
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Patient Address:		Zip Code:	
Guardian Name and Relationship:		Guardian Phone:	
Interpreter Needed Yes Language:		Insurance Plan:	
<b>Service/Specialty Clinic Requested:</b>  <b>ICD-10 Diagnosis (Required):</b>  <b>Preferred Clinic Location:</b>		<b>Reason for Visit:</b> <input type="checkbox"/> New Patient Consult <input type="checkbox"/> Transfer of Care <input type="checkbox"/> Return Visit or Ongoing Care <input type="checkbox"/> Second Opinion	
Reason for Referral (Clinical Question for Specialist):			
<b>Telehealth:</b> Are you aware of any barriers to performing a successful telehealth visit with this family? <b>Y / N</b> If yes please provide details:			
<b>Please fax all relevant clinical documents (clinic notes, medication history, growth charts, labs, diagnostic reports, etc.) with this fully completed form to 615-528-3621.</b>			
Referring Provider:		<input type="checkbox"/> Primary Care Provider <input type="checkbox"/> Other	
Practice Name:		Best Contact Number:	
Email:		Fax:	

**For clinical questions regarding referrals, please contact the clinical team for the appropriate clinic.**

**Note: Some insurance subscribers may require pre-authorization prior to scheduling.**

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