



Nashville Healthcare Center

New Appointment Request Form (NARF)

Please fill out as completely as possible

Fax to: 615-341-4498, Attention: Incoming Referral Tel: 615-341-4968.

For emergent requests: please contact the referrals department at 615-341-4720.

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:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Patient Address:	Zip Code:	
Guardian Name and Relationship:	Guardian Phone:	
Interpreter Needed Yes Language:	Insurance Plan:	
Service/Specialty Clinic Requested:	Reason for Visit: (Required)	
ICD-10 Diagnosis (Required):	<input type="checkbox"/> New Patient Consult <input type="checkbox"/> Transfer of Care <input type="checkbox"/> Consultative <input type="checkbox"/> Patient Requested	
Preferred Clinic Location:		
Reason for Referral (Clinical Question for Specialist):		
Telehealth:		
Are you aware of any barriers to performing a successful telehealth visit with this family? Y/N		
If yes, please provide details:		
Please fax all relevant clinical documents (clinic notes, medication history, growth charts, labs, diagnostic reports, etc.) with this fully completed form to 615-341-4498.		
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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