



PATIENT REFERRAL FORM
Fax to: 919.359.0527
Office Phone: 919.550.0011

Dear *Project Access* Patient Enrollment:

Please contact the following patient for possible enrollment in *Project Access*:

Patient Name: _____

Address: _____

City County Zip

Work Phone: _____ Home Phone: _____

Please provide a brief description of medical reason for patient enrollment in *Project Access*.
If possible, include ICD-9 diagnosis code(s)-(these are used for prescription assistance programs)

Patient needs to be referred to (if applicable):

_____ **For Referral of Mammogram – (for women ages 40-64) please refer to the Johnston County Health Department for the BCCCP (Breast and Cervical Control Program) Physician Order Needed**

_____ **For Referral of Pap Smear– (for women ages 40-64) please refer to the Johnston County Health Department for the BCCCP (Breast and Cervical Control Program) Physician Order Needed**

This patient may be eligible for *Project Access* because he/she is not insured through private health insurance, is not on Medicaid or Medicare, lives in Johnston County, and is low income. I understand that insured patients are not eligible for *Project Access*.

Patients will also be expected to sign a “Patient Responsibility” agreement prior to being enrolled.

For Primary Care Physicians:

____ I would like to refer this patient to *Project Access* and agree to serve as his/her primary care physician

____ I would like to refer this patient to *Project Access* but am unable to serve as the primary care physician for this patient. Please assign to another participating primary care physician

For Specialty Care Physicians or Other Agency:

____ I would like to refer this patient to *Project Access* (please complete Primary Care Physician information below)

Sincerely,

Physician signature

/

Print or type physician’s name

Phone number

Note: If you are providing specialty care for the patient, please provide the name of the patient’s primary care physician/provider, if known.

Primary Care Physician/Provider of record:
