



United Telehealth Corp
 7975 North Hayden Road Suite D-354
 Scottsdale, AZ 85258
 Phone: 480.268.2670 - Fax: 480.268.2671

New Patient Referral Form

Date of Request: _____
 Requesting Individual/Organization: _____
 Phone: _____
 Email: _____

Patient Information

Patient Name: _____ DOB: _____
 MRN #: _____ SS#: _____
 Phone 1: _____ Phone 2: _____
 Patient Email: _____
 Patient Address: _____ ZIP: _____

Patient's Home Family's Home Group Home/ALF/LTC: _____

*****If patient is currently in acute setting, planned date of discharge:** _____

Insurance Information

Primary Insurance: _____
 Secondary Insurance: _____

Medical Decision-Making

Currently, who is the patient's medical decision-maker? Patient Other
 POA/Authorized Rep./Alternative Contact: _____
 Relationship to Patient: _____ Is this Individual the patient's POA? YES NO
 Phone: _____ Email: _____

Additional Information/Concerns

Please Provide the Following Information

- H&P
- Discharge Summary
- Up-to-date Medication List (MAR)

Please submit completed form to:
telemedicine@spg-md.com or Fax: 480-268-2671