Scottsdale Physicians Group
Telemedicine Program
7975 N Hayden Road, Suite D-354, Scottsdale AZ 85258
Office: 480.268.2670 Fax: 480.268.2671
Email: telemedicine@spg-md.com

New Patient Referral Form

Date of Request: _____

Requesting Individual/Organization: _____

Phone: _____ Email: _____

Patient Information

Patient Name: _____ DOB: _____

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