



# PATIENT REFERRAL FORM

**FAX NUMBER:** 425.999.4381  
**EMAIL ADDRESS:** info@nwpf.org

Date \_\_\_\_\_

Name of person being referred \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Preferred contact method Phone or Email or No Preference (circle one)

May we identify ourselves as Northwest Parkinson's when we contact you? \_\_\_\_\_

If there's someone else at this number we can speak to, please provide name \_\_\_\_\_

Do you want to be on our mailing list and receive The Weekly email newsletter? \_\_\_\_\_

*I give permission to my provider to give my name and contact information to NW Parkinson's Foundation and to subsequently contact NW Parkinson's in the future on my behalf. I understand a NW Parkinson's representative will contact me about free support, resource, and educational services that are available to me. I understand that my name and contact information listed above will not be disclosed or shared with any other entity besides NW Parkinson's unless I specifically authorize any subsequent disclosure. I understand that unless I selected yes above, I will not receive mail from NW Parkinson's unless I give permission when contacted. I understand that I can revoke my permission at any time by contacting NW Parkinson's. I give permission to NW Parkinson's to let the provider know whether contact was made with me.*

Signature of person being referred \_\_\_\_\_

## TO BE COMPLETED BY REFERRING PROVIDER

The person being referred provided verbal consent instead of signature Yes (circle) Date \_\_\_\_\_

Provider Name \_\_\_\_\_ Organization \_\_\_\_\_

Provider Email \_\_\_\_\_ (For notice as to whether contact was made)

Provider signature \_\_\_\_\_

### Reason for referral

- Individualized Care Consultation (social work services)
- HOPE Kit (resource packet for newly diagnosed)
- Support Group/ PD Link Peer to Peer Support Program
- Carepartner concerns
- Education
- Young Onset concerns
- Other \_\_\_\_\_

## Using the NW Parkinson's Provider Referral Form

This form is intended to connect people affected by Parkinson's – those living with the diagnosis, carepartners, family, and friends – directly from your office to free, valuable programs and services provided by NW Parkinson's Foundation. Please have a direct conversation about this form with the person being referred.

## Before Completing the Provider Referral Form

Explain the purpose of the form and that the person can expect contact from NW Parkinson's.

## Completing and Sending the Provider Referral Form

Any staff member in your organization can complete the form with an individual or their family member.

Have the person being referred sign the form. Be clear that by signing the form, the individual will receive direct contact from a NW Parkinson's staff person. If there are any concerns about leaving a message from NW Parkinson's, please note that on the form. The individual is also agreeing to NW Parkinson's informing you whether contact was made.

Indicate if there is anyone else in the household, besides the person being referred, who has permission to speak with NW Parkinson's staff.

Individuals will only receive mail or email from NW Parkinson's if they check the box to be on the mailing list.

Complete and sign the form. All information on the form must be legible for NW Parkinson's to process the referral.

If a person is unable to sign, there is an option to indicate that verbal permission has been granted.

Indicate which services the person needs to access.

Fax, or scan and email the referral form to NW Parkinson's. No cover sheet is needed.

Once an individual's form is on file with NW Parkinson's, additional forms do not need to be submitted for future follow-ups.

## What Happens After You Send the Provider Referral Form

The form will be received at NW Parkinson's headquarters on Mercer Island, WA. The person being referred will be contacted by a member of the NW Parkinson's Social Services team, consisting of Master's level social workers who are well-versed in Parkinson's, chronic illness, carepartner concerns, resources, supports, and solutions.

Our Social Services team will make two attempts to contact an individual. If contact is not made, we will leave a message requesting the person contact NW Parkinson's at a convenient time for them.

A follow up email will be sent to you, the referring provider, indicating whether NW Parkinson's was successful in making a connection with the person referred. No other information will be shared with the provider without additional patient authorization.

**Questions? Please contact Sarah Winter, MSW, LICSW, NW Parkinson's Social Services Manager, at [sarah@nwpf.org](mailto:sarah@nwpf.org) or 206.946.6517.**

