STANFORD
HOSPITAL & CLINICS

Stanford University Medical Center
STANFORD FIBROID CENTER

Stanford Fibroid Center
300 Pasteur Drive, Rm H3630
Stanford, CA 94305
Phone: (650) 498-1108
Fax: (650) 736-7734
Email: fibroidcenter@stanfordmed.org
Website: Link to Stanford Fibroid Center

New Patient Intake/ Self-Referral Form

Please complete and return to initiate the scheduling process. Thank you!

Name: ______________________________ Home Phone: ______________

Address: ______________________________ Cell Phone: ______________

______________________________ Work Phone: ______________

Date of Birth: ____________ Age: __________ Email: ______________

Emergency Contact/Caregiver: ________________ Contact Number: ____________

Relationship to Patient: ________________

A few medical questions so we can determine how best to help you.

Why would you like to be seen by Interventional Radiology? ______________________________

____

Symptoms: ______________________________

____

Previous Treatments and by Whom: ______________________________

____

Recent Imaging, Type and Date: ______________________________

How did you hear about us? ______________________________

Who should we keep in contact with regarding your care at Stanford?

Referring Provider: ____________________ Specialty: __________ Phone: __________
(If none, please check here)
Facility: __________ Address: ____________________ Fax: __________

Primary Care Provider: ____________________ Phone: __________ Fax: __________
(If none, please check here)
Facility: __________ Address: ____________________

Other Provider: ____________________ Phone: __________ Fax: __________
(Optional)
Facility: __________ Address: ____________________

Insurance Information:

Insurance Company Name: ____________________ Type of Policy (i.e. HMO, PPO, etc.) __________

Subscriber ID #: ____________________ Group # ____________________

Subscriber Name: ______________ Date of Birth __________ Relation to Patient: __________

Member Cust. Svc. Phone #: ______________ Provider (pre-cert.) Phone #: ______________