Peninsula Gastroenterology Medical Group

James D. Torosis, MD, FACP
Vicky W. Yang, MD
Daniel Rengstorff, MD
Cynthia Leung, MD
Madhuri Badrinath, MD
Hoan Nguyen, PA-C
Gastroenterology & Hepatology

PGI PATIENT REFERRAL FORM

Date: _____ **PRIORITY:** ☐ Urgent (<72 hours) ☐ Routine (<2 weeks)

REFERRING PROVIDER: _____

REFERRED TO:

☐ James Torosis, MD ☐ Vicky Yang, MD ☐ Madhuri Badrinath, MD
☐ Daniel Rengstorff, MD ☐ Cynthia Leung, MD ☐ First Available

Patient's Name: _____ **Patient's DOB**: _____

Patient's Insurance Type: ☐ HMO (must include authorization) ☐ PPO ☐ POS ☐ Medicare

Patient's Insurance Provider: ☐ AETNA ☐ BLUE CROSS ☐ BLUE SHIELD ☐ CIGNA ☐ HEALTHNET
☐ UNITED HEALTHCARE ☐ HILL PHYS ☐ SCCIPA ☐ TRICARE
OTHER: _____

Patient Phone Number: _____

Dx/Reason for Referral: _____

_____

SPECIAL CONCERNS:

☐ Sleep apnea ☐ CHF ☐ Diabetes ☐ Renal insufficiency ☐ Hx coronary/valvular disease
☐ On blood thinner, i.e. Coumadin/Plavix/Lovenox/Eliquis/Xarelto (please circle) ☐ Hx of drug/alcohol use
☐ On GLP-1 Agonist i.e. Wegovy, Ozempic, Monjaro (please specify)

Procedures Available WITHOUT Consultation: ☐ FibroScan ☐ SIBO Testing

****Please Fax to 650-368-3836. If urgent, please call****

2900 Whipple Ave, Suite 245
Redwood City, CA 94062-2832
Tel: (650) 365-3700
Fax: (650) 368-3836

www.gipractice.com

2495 Hospital Dr., Suite 600
Mountain View, CA 94040
Tel: (650) 964-3636
Fax: (650) 368-3836