

**Alpine Basin Care**  
**Wound Care, Mobile Primary Care, Transitional Care Management**

**New Patient Referral**

Phone: 775-237-4269 Primary Fax: 775-636-7841  
Backup Fax: 775-204-9259 E-mail: info@alpinebasincare.com

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ PCP: \_\_\_\_\_

Referring Provider \_\_\_\_\_ HHA: \_\_\_\_\_

Referral Contact Name: \_\_\_\_\_ Referral Phone or E-mail: \_\_\_\_\_

**Required documents:**

- Face Sheet with Patient Demographics
- Insurance Information, please include Insurance Card if possible
- Allergies & Current Medication List

**Additional Information that is helpful for us:**

- Recent Wound Assessments / Clinical Notes / Op Notes
- Recent Labs or Imaging: ultrasound, ABI, x-ray, cultures, A1C, albumin, prealbumin, total protein, etc.  
(relevant to wound within last 12 months)

Referral Type (okay to select more than 1 service type)

- Wound Clinic (in Fernley @ 805 E Main St, Ste B)
- Mobile Wound Care: Care Bed / Home Bound because \_\_\_\_\_
- Transitional Care Management
- Mobile Primary Care

Coverage Area: Reno, Sparks, Carson City, Minden, Gardnerville, Dayton, Silver Springs, Wadsworth, Nixon, Fernley and Fallon

\*\*Please call if your area is not listed, we may still service the area, Nevada only.



Please reach out with any questions.  
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