

Alpine Basin Care – Wound Care, New Patient Referral
Please Fax or E-Mail

Phone: 775-237-4269 **Main Fax:** 775-636-7841 **Back Up Fax:** 775-204-9259
E-mail: info@alpinebasincare.com

Patient Name: _____ DOB: _____ PCP: _____

Referring Provider / Hospital / HHA: _____

Referral Contact Name: _____ Contact Phone or e-mail: _____

Patient Also Referred to HHA: _____

Please Include if Available:

- Face Sheet with Patient Demographics & Insurance Information
- Please include Insurance Card(s) if possible
- Allergies & Current Medication List
- Home Health Start of Care Note (if applicable)
- Recent Wound Assessments / Clinical Notes / Op Notes
- Recent Labs or Imaging: ultrasound, ABI, x-ray, cultures, A1C, albumin, total protein, etc.
(relevant to wound within last 12 months)

Please note if patient is home bound
Or if patient can come in see our providers in the clinic(s) at:
805 E Main Street Suite B Fernley, Nv 89408
or
Reno Clinic Location on Bell Street

Bed / Home Bound because _____

Please reach out with any questions.
Paige Temen, RN, BSN, WCC, CSWD-C, WNC-C
Manager / Co-Owner
paige@alpinebasincare.com
Personal Cell: 775-742-6949

