



**Urology – New Patient Referral Form**  
**Dr. Jeffrey Bolduan, MD**  
**Kristin Abbs, NP**

Please complete this form and fax it, along with all **pertinent medical records** (progress notes, imaging, PSA, labs, operative reports, pathology) along with a **copy of the patient's insurance card and demographics**.

**Patients will not be scheduled until we receive this completed form and medical records.**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

SS#: \_\_\_\_\_

Insurance: (Primary) \_\_\_\_\_ (Secondary) \_\_\_\_\_

Primary Language: \_\_\_\_\_

Interpreter needed Yes: \_\_\_\_\_ No: \_\_\_\_\_

Latex Allergy Yes: \_\_\_\_\_ No: \_\_\_\_\_

**REFERRING PROVIDER:** \_\_\_\_\_

Reason for referral (with ICD---10 codes):  
\_\_\_\_\_

Current Medications (including OTC):  
\_\_\_\_\_

Allergies:  
\_\_\_\_\_

Form completed by: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN FAX TO: (574) 534-5722**

**PHONE: (574) 533-8420**

**Office: 1615 Winsted Drive, Suite 4**

**Goshen, IN 46526**