



Intimate Pathways

Center for Sexual Health

Patient Referral/ FAX Form

Thank you for your trust and confidence in Intimate Pathways for your patients. Once the information is received, we will reach out to your patient within 2 business days. Please ensure that your patient is expecting a call from us!

Date: _____

Patient Name: _____ DOB: _____

Patient Phone: _____ Cell Phone: _____

Referring Provider: _____ Provider Phone: _____

Provider email for patient follow-up:

Provider FAX: _____

Staff sending FAX contact: _____

Reason for referral: _____

Would the provider value a follow-up connection once the initial consultation is completed? Yes _____ No _____

Does the provider prefer follow-up via: Phone call _____ Email _____

Instructions: FAX number: (539) 367-2412 Office: (918) 283-7130

- FAX a copy of last visit note, medications list, Sexual Health Assessment along with this referral form
- Our staff will contact the patient within one business day
- We will notify you when the patient is scheduled and report on their progress as needed

This FAX contains confidential patient information. Medical information is personal and sensitive. Please maintain confidentiality of such information. Unauthorized disclosure of any sensitive information is subject to penalties under Federal and State law.