Date of Report; Sender’s Initials:

Client Name:

MRN:

Referring Provider:

Action Taken:

- Client contacted
- Case referred to outside organization(s) listed below (at next patient visit, please encourage patient to contact organization)
- Issue resolved
- Legal representation in progress
- Provided resource(s) listed below (at next patient visit, please encourage patient to review resources)
- Unable to reach patient

Notes:

Thank you for your referral.