



05/15/2025

Thank you for your recent referral.

Please complete and return the attached form along with the requested documentation.

Sincerely,

Valley Professionals Community Health Center



Valley Professionals Community Health Center

Physician Referral Form

VPCHC Clinton
777 South Main Street, Ste 100
Clinton, IN 47842

Phone: 765-828-1003

Fax: 765-828-1030

***Referrals will not be accepted without the following completed information:**

Patient Name: _____	Patient DOB: _____
Parent/Guardian Name: _____	
Patient Address: _____	
City: _____	State: _____ Zip Code: _____
Home Phone: (____) _____	Cell Phone: (____) _____
Email Address: _____	Interpretation Services Needed? Yes/No
*Reason For Referral/Specific Concerns: _____	

Referring Physician: _____	Contact Person: _____
Office Phone: (____) _____	Office Fax: (____) _____
Primary Physician (if different from Referring Physician): _____	

***Please include the following to expedite referral process:**

____ Last Office Visit Notes	____ Recent Labs	____ Medication List
____ Release of Information	____ Any pertinent medical testing	
Psychiatry only: In behavioral health therapy? Yes/No <i>If yes, include BH therapy ROI.</i>		
Endocrinology only: New Dx of Type 1? Yes/No Gestational DM? Yes/No		