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[DOCUMENT TITLE]

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Date \_\_\_\_\_

**San Luis Walk-In Clinic, Inc.  
City of San Luis Fire Department  
Yuma County Community Integrated Paramedic Pilot Project**

**Participant Referral Form San Luis Walk In Clinic, Inc.**

Participant's Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Gender: Male\_\_\_Female\_\_\_

Primary Language : English \_\_\_Spanish\_\_\_ Ethnicity: Hispanic \_\_\_ Non-Hispanic\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

Telephone:(\_\_\_\_)\_\_\_\_- \_\_\_\_\_ Email : \_\_\_\_\_

Medical Home Location: \_\_\_\_\_, Primary Care Provider: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Date of Referral: \_\_\_\_\_

Emergency Contact: Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**List Rx Medications (Attached Rx Reconciliation From Medical Records):**

Medicine	Strength	Why I Take It	How I Take It	Prescriber	Pill Count/ Comments

List any over the counter Herbs, Supplements, Vitamins, etc..	



Medication Allergies	Food Allergies	Environmental Allergies

1. Do you have any pets in the home? Yes No How many\_\_\_\_\_

2. Do you have health insurance coverage? Yes No (remind participant that there is no charge for this program)

AHCCCS\_\_\_\_\_, Private:\_\_\_\_\_, CAPAZ-MEX Discount Card\_\_\_\_\_