



Salem Office
1313 Mill St. SE
Salem, OR. 97301
503-546-6377 (Main)
503-546-9397 (Fax)
www.nwfs.org

Main Office
6200 SE King Road
Portland, OR. 97222
503-546-6377 (Main)
503-546-9397 (Fax)
www.nwfs.org

Womens Health Program Referral Form

Referral Date: _____

Patient Information

First Name : _____ Last: _____

Date of birth : _____

Phone Number : _____

Address: _____

City: _____ State: _____ Zip Code: _____

Medical Insurance: Yes No Date of last mammogram _____

Referral description:

Referred by:

Phone Number

Name : _____

I authorize Northwest Family Services and/ or its agents to contact my provider and his/her insurer, office staff, other potential city , state, or federal funding sources and social workers on my behalf. I agree to allow the staff from Northwest Family Services to share my information to get me enrolled make appointments and learn about my results. Northwest Family Services and its agents agree not to disclose any information obtained from these sources to any third party, except as required by law or as allowed by the confidential waiver above.

Client Signature

Date

Please fax to 503-546-9397 or email referral to

Maria Orozco
503-999-8928
morozco@nwfs.org