



Nephrology &
Hypertension
Associates

Wm. Kellar Winkelmeier, M.D. – M. June Watson, D.O. – Blake J. Brooks, M.D. – Leslie M. Hamlett, D.O.
Leslie N. Prosser, FNP-C

New Patient Referral Form

****NOTE: Failure to supply requested information WILL delay scheduling****

Name:	DOB:	Date:		
Reason for consult request: Please send the last 24 months of lab results, abdominal imaging, and the last 2 progress notes. For HTN, send BP readings				
Address:			City & Zip:	
Sex:	Female	Male	Unknown	SS#
Marital Status: Divorced Married Single Widowed Unknown			Hm #	Cell#
Insurance: SEND COPY OF CARDS! - If an insurance referral is required – please send! Primary: Secondary:				
Referring Dr.			Phone #	
Who sent this referral:			Fax #	
*****We will call the patient to schedule the consult and fax you the appointment information as confirmation*****				
Please Circle Preferred Provider and location:				
Dr. Winkelmeier	Dr. Watson	Dr. Brooks	Dr. L. Hamlett	Leslie Prosser, FNP
Columbia	Columbia	Columbia	Columbia	Columbia
Moberly	Kirkville	Jefferson City	Macon	Kirkville
Osage Beach	Mexico	Sedalia		Macon
		Marshall		Mexico
				Moberly
				Sedalia

Do you accept this patient?? Yes or No	Date Records Received: _____ Appointment Date: _____ New Patient Packet Mailed: _____
Comments:	Additional Information Needed: ____ Labs ____ Test ____ Referring Provider Notes