

Christian Medical Clinic of Grand Lake Inc.

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Grove OK 74344

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An All Volunteer Clinic Providing Free Primary Health Care to Those in Need

Date: Consulting Practitioner:

Service Requested: Consultation and recommendations Education
 Treatment Surgery if indicated Diagnostic testing

Patient Name:

DOB:

Tel:

Address:

Referring Physician:

Date of Last Clinic Visit:

Summary of Patient:

Relevant signs/symptoms:

Treatment to Date: .

Type of services requested:

This patient has been determined eligible for the volunteer services of the Christian Medical Clinic of Grand Lake, Inc. This patient does not have health care coverage and does not qualify for commercial, private, or government health care plans as determined by review of the Delaware County Department of Human Services.

Referral Declined – Reason: _____

Referral Accepted

Appointment Date: _____ **Appointment Time:** _____

Patient/Special Instructions: _____