

New Appointment Request Form (NARF)

Please fill out as completely as possible.
Call +254 725 251930, Attn: Clinical Intake.



NAIROBI FITNESS

CONSULTING

"Your Rehab Training Partner"

To check status of a referral or to speak with a Clinical Intake Nurse, Call +254 725 251930, Attn: Referral Status.

8th Flr, Western Heights, Karuna Rd, Westlands, behind Sarit
P.O. BOX 66828 - 00800, Nairobi, Kenya
Tel: +254 725 251930

Emergency requests: please note we don't offer emergency services, surgery or hospitalization.

For non-emergent priority referrals, please indicate urgency below:

Urgent (Within 4 Weeks) Routine (Next Available Appointment)

First: Preferred First Name:	Middle: Twin or multiple birth? <input type="checkbox"/> Yes <input type="checkbox"/> No	Last:
Date of Birth:	Pronouns: <input type="checkbox"/> she/her <input type="checkbox"/> he/him <input type="checkbox"/> they/them	
Legal Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Gender Identity: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Female <input type="checkbox"/> Transgender Male <input type="checkbox"/> Non-Binary <input type="checkbox"/> Genderqueer	
Patient Address:	Zip Code:	
Guardian Name and Relationship:	Guardian Phone:	
Interpreter Needed <input type="checkbox"/> Yes Language:	Payment Plan:	
Service/Specialty Clinic Requested:	Reason for Visit:	
ICD-10 Diagnosis (Required):	<input type="checkbox"/> New Patient Consult <input type="checkbox"/> Transfer of Care <input type="checkbox"/> Return Visit or Ongoing Care <input type="checkbox"/> Second Opinion	
Reason for Referral (Clinical Question for Specialist):		
Telehealth: Are you aware of any barriers to performing a successful telehealth visit with this family? Y / N If yes, please provide details:		
Please mail all relevant clinical documents (clinic notes, medication history, growth charts, labs, diagnostic reports, etc.) with this fully completed form to info@nbofitness.com		
Referring Provider:	<input type="checkbox"/> Primary Care Provider <input type="checkbox"/> Other:	
Practice Name:	Best Contact Number:	
Email:	Postal Address:	

NOTE: Nairobi Fitness Consulting does not participate in any health insurance or National Health Insurance Fund and/or any other third-party payor plans or panels and has opted out.

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