Project Access Collin County
Compassionate Collaborative Care
8680 E. Main Street, Suite 3E
Frisco, TX 75033
Phone: (469) 365-0772
Fax: (888) 977-6892
www.PACollin.org

New Patient Enrollment Request Form - HOSPITAL USE

Patient Name	Age	Date of Birth	Sex	M	F

Home Phone #	Work Phone #	Other Phone#

Street Address	Apt #	City	ZIP

Level of Urgency: □ 0-2 weeks □ 2-4 weeks □ When possible □ As directed _____

Hospital requesting patient referral:

Hospital Name *(Hospital must be a participating PACC partner)*

Address	City	ZIP

Contact Person	Department	Phone#	Fax#

Reason for Referral (please PRINT):

_____

_____

PLEASE SEND: History & Physical, Consult Notes, Radiology Reports, & Discharge Summary.

Once PACC receives this form and the patient has been screened for eligibility, you will be notified. The enrollment process can take four to six weeks. Please Fax this form to PACC at (888) 977-6892 Questions? Call PACC at (469) 365-0772

Project Access–Collin County is a 501(c)3 Texas non-profit corporation, a program of the Collin-Fannin County Medical Society.