



DiaperFetch

408-971-1034

www.DiaperFetch.com

Home Delivery Incontinence Supply

KKMS (Kids Korner Medical Supply)
165 Lewis Rd, Suite 10, San Jose, CA 95111

REFERRAL SHEET FOR MEDI-CAL CLIENTS

Fax Back to: 1-888-726-6777 or [Click Here](#)

HIPPA Secure E-Mail: <http://securemail.diaperfetch.com>

* If first time using secure E-Mail, (please register as a new user) or call us 1.800.971.1034

Client Name: _____, D.O.B. _____

Weight _____, Height _____, Diagnosis: _____, Under 5 years of age? Yes _____, No _____

Medi-Cal BIC# (14 Digits): _____, Date of Issue: _____

Social Security # _____, Does client have private insurance? Yes _____, No _____

If yes, Indicate Insurance: _____

Parent/Guardian Name: _____, Phone _____

Language Spoken: _____, Work/Cell # : _____

Address: _____

Emergency Contact Name/Phone: _____

Referral Source:

Social Worker Name _____, Agency _____, Phone. _____

Primary Doctor: Name: _____ Physicians Lic# NPI: _____

Address: _____, Ph: _____, Fax _____

Has doctor been seen in the last 12 months? Yes _____, No _____

Secondary/Specialist Doctor info if available: _____

Please answer the following questions:

1) Can order be picked up at our location in San Jose? Yes _____, No _____

2) Assisted living facility? Y / N, -OR- Residential delivery? Yes _____, No _____

3) If living in an upper level, does the building have stairs _____ or Elevator _____

4) Please provide gate code or building code: _____

5) Do you have space to take monthly orders? Yes _____, No _____

6) Is porch delivery OK? Yes _____, No _____

What Supplies do you need and how many per day?

Diapers _____ Day, Pull-Ups _____ Day, Underpads _____ Day, Liners _____ Day

Check the the following items needed:

Incontinence Wash _____, Moisturizer Cream _____, Mattress Protector _____, Wipes _____,

Swim Diapers _____, Gloves _____ size SM _____, MED _____, LRG _____, X-L _____



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