

Referral to: _____ Or next available physician in this Group. Date: _____

Referral Staff Contact Information: Name: _____ Phone Number: _____

Please send a copy (front and back) of patient's insurance card(s) or insurance information with this form – AND WORKERS COMP CLAIM INFORMATION, IF APPLICABLE

Patient Name: _____ D.O.B.: _____ Parent (if under 18): _____
Street Address: _____ City, State, Zip: _____
Patient Phone (h): _____ (w): _____ (c): _____
Special Needs: Interpreter _____ Wheelchair Bound O2 Other: _____

Referring Provider: _____ Pager # _____ NPI # _____
Referring Provider Telephone: _____ Referring Provider Fax: _____
Patient's Primary Provider, if different _____ (please send consult notes)

Next section to be filled in by provider:

Urgency:
 Next Available Appointment Within 2-4 weeks Within 1 week
 Urgent (24-48 hrs) Emergency (within 24 hours) provider to call specialist for urgent/emergent requests
Reason for consultation (primary dx or sx): _____

Consultation service requested (check all that applies):

Single consultation for opinion on diagnosis and/or treatment; *please send patient back to me for follow up*
 Consultation and ongoing co-management of patient with Primary Provider
 Please assume primary responsibility for ongoing care related to "reason for consultation"
 Procedure: _____ Testing _____

Supporting documentation being sent to specialist:

Problem List Medication List Allergy List
 Referral letter Office Note(s) _____ (dates)
 Labs _____
 Imaging Reports _____
 Pertinent Hospital Records _____ Other: _____

Requests for specialist:

Additional providers to receive copy of this consultation: _____
 Other Instructions: _____

Next section to be filled in by scheduling office:

The patient's appointment was made within the above-requested time frame: Yes No
Please provide a reason if (NO) was checked: _____ Staff Initials: _____
Appointment Date: _____ Time: _____ Location: _____ Provider: _____
Patient notified of Appointment: _____ Date: _____ phone voicemail mail fax