



Reason for Referral (Chief complaint or DX):  
\_\_\_\_\_

Referred BY \_\_\_\_\_

Person in your office to contact with appointment \_\_\_\_\_

Your office number \_\_\_\_\_ Ext. \_\_\_\_\_

Fax \_\_\_\_\_  
\_\_\_\_\_

Patient Name \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: F / M

Patient SS# \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Patient's Address: \_\_\_\_\_

Authorization:  Not Required  Requested/Pending  Requested/Obtained Auth # \_\_\_\_\_

**Please fax copy of Insurance ID Cards Front and back**

Worker's Comp Insurance (if any): \_\_\_\_\_ Employer: \_\_\_\_\_

Adjustor \_\_\_\_\_ Claim # \_\_\_\_\_ Date of Injury: \_\_\_\_\_

Comp Address \_\_\_\_\_ Comp Telephone \_\_\_\_\_

**Reason for Referral (Symptoms of Concern) (also send related medical records or dictated summary)**

- Please advise on the patient's care  Please assume care of this patient  
*Please ask patient to provide related records from other specialists, if any.*

- Relevant lab tests and imaging results** (also send related medical records)  
**(Required to schedule appointment)**

- Medications and Dosages tried and outcomes** (if not specifically noted in medical records sent with referral)

*Please ask patient to bring his/her complete medication list with dosages (or bring the meds themselves) to their appointment.*

Appointment is scheduled with: \_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_ arrival time

- We will contact patient to schedule  Please have patient call to schedule  Please call patient to schedule