

# New Patient Referral Form

- OFFICE CONSULT     FIBROSCAN\*     DIRECT ACCESS EGD     DIRECT ACCESS COLONOSCOPY

In order to process a referral, **fill out the form completely** and please **supply all the requested records**. Referrals that do not have all of the completed information will be delayed in processing until all records are received.

\*FIBROSCAN referrals: include CBC, CMP or Hepatic Function Panel in the last 6 months, if available.

**Please fax records to (574) 537-9384.**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

Reason for referral (with ICD-10 codes): \_\_\_\_\_

Allergies: \_\_\_\_\_ Latex Allergies? YES or NO

Interpreter needed? YES or NO    Primary Language: \_\_\_\_\_ Date of Referral: \_\_\_\_\_

Referring Provider: \_\_\_\_\_ Office Number: \_\_\_\_\_

Office Fax: \_\_\_\_\_ Form completed by: \_\_\_\_\_

**DEMOGRAPHICS** (contact information, social security number and release of information forms)

**INSURANCE INFORMATION** (front and back card copies)

**RECENT HEIGHT, WEIGHT AND CO-MORBIDITIES** (required for screening colonoscopies)

**MEDICATION LIST** (with over-the-counter and herbal remedies)

**LAST TWO OFFICE NOTES** (from referring/primary physician)

**PAST COLONOSCOPY REPORTS WITH PATHOLOGY**

**PAST EGD REPORTS WITH PATHOLOGY** (include dilation reports, BRAVO pH or Impedance testing)

**GI RELATED IMAGING** (CT scans, X-Rays, MRI, Ultrasounds, etc. in the past year)

**PRIOR GASTROINTESTINAL SURGERY** (include health system and surgeon)

**GI RELATED TESTING** (gastric emptying studies, anorectal or esophageal manometry, cookie swallows, esophogram, capsule endoscopy, etc.)

**GI RELATED LABS:** (CBC, CMP, PT/INR Liver profile, Hepatitis, Stool, IBD, etc. within the past year; Prometheus labs for IBD patients)

**GI RELATED EMERGENCY ROOM REPORTS** (abdominal pain, nausea/vomiting, diarrhea, swallowing difficulties, hematochezia, etc. within the past six months)