UFHealth PHYSICIANS

PATIENT APPOINTMENT REQUEST FORM

EXTERNAL ONLY

Clinic or Service to which you are referring a patient:

TODAY'S DATE _____

Physician Preference (if applicable): _____

☐ **Consultation** (Requesting consultation for a specialty opinion which will be used by the referring physician in care management with or without co-management of care by the specialist)

☐ **Transfer of Care** (Requesting referral for specialty evaluation and subsequent management of a problem by the specialist alone)

PLEASE PRINT CLEARLY AND FILL OUT COMPLETELY

Patient Name: _____ Patient's SSN: _____

Authorized Contact Person (if different from Pt.): _____ DOB: _____ SEX: M/F

Mailing Address: _____ City: _____ State: _____ Zip: _____

Preferred Phone No.: _____ Alt. No.: _____

Insurance Company: _____ Ins. Co. Phone Number: _____

Policy/ID #: _____ Group #: _____ Employer: _____

If patient is a child, it is **REQUIRED** to include Guarantor/Guardian Information

Subscriber/Guarantor Name: _____ Subscriber/Guarantor DOB: _____

Subscriber/Guarantor SSN: _____ Subscriber/Guarantor Phone No.: _____

Subscriber/Guarantor Address: _____ Relation to Patient: _____

Authorization Information* (e.g. #, # visits allowed, expiration date): _____

* If Authorization is required, referring physician/clinic must complete prior to referral.

Requesting Physician Information

Name: _____ Specialty: _____ NPI: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____ Contact Person: _____ Person completing form: _____

Would you like to see the patient back in follow-up? ☐ Yes ☐ No

Primary Care Physician Information ☐ Same as above (If different, please complete below)

Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____ Contact Person: _____

Reason for appointment (Required): _____

Studies / Procedures requested: _____

Diagnosis/Problem/ICD-10: _____

Medications currently on: _____

All applicable clinical notes, recent lab work, radiological interpretations, copies of front and back of insurance cards, and any other pertinent information should accompany this request.