# **CONSULTATION/REFERRAL REQUEST FORM**

To: Consultant

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone/fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

From: Primary physician

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone/fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### SECTION 1 – REQUESTED ACTION

#### Consultation

(Please send the patient back for follow-up and treatment.)

❒ Confirm diagnosis.

❒ Advise as to diagnosis.

❒ Suggest medication or treatment.

#### Referral

(Please provide primary physician with summaries of subsequent visits.)

❒ Assume management for this particular problem and return patient after conclusion of care.

❒ Assume future management of patient within your area of expertise.

#### SECTION 2 – PATIENT INFORMATION

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tentative diagnosis:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pertinent history, physical and laboratory findings, and special financial considerations:

❒ See additional information attached.

❒ Please call me when you have seen the patient.

❒ I would like to receive periodic status reports on this patient.

❒ Please send a thorough written report when the consultation is complete.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary physician

#### SECTION 3 – CONSULTANT’S FINDINGS

❒ I would like to receive periodic status reports on this patient.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Consultant

**Primary physician:** Complete sections 1 and 2. Send one copy to the consultant and keep one copy in the patient’s chart or in a tickler file. **Consultant:** Complete section 3. Return one copy to the primary physician after your initial visit with the patient. Keep one copy for your records.

Copyright 2007 © American Academy of Family Physicians. Physicians may photocopy for use in their own practices; all other rights reserved. Reichman M. Optimizing referrals and consults with a standardized process. *Fam Pract Manag.* November-December 2007:38-42. Available at http://www.aafp.org/fpm/20071100/38opti.html.