

REFERRAL FORM

[Affix patient label]

Date: _____

Dr. A Dr. B Dr. C Dr. D

Diagnosis: _____

Weight: _____

Problem: STAT (same day) Urgent (< 48 hours) Routine (> 48 hours)

Service: Consult only Testing only Follow-up Consult and treat

Referring to: _____

Phone: _____ Fax: _____

Send: Referral letter Letter dictated Dictated notes Dates: _____

Patient day or time preference: _____

Referral faxed Date: _____

Appointment confirmed Referring to: _____

Date/Time: _____

Location: _____

Patient contacted Date: _____

Message left for patient Date: _____

Letter sent to patient Date: _____

Physicians: Check off labs required to be sent to specialist's office.

Referral coordinator: Check off labs that you send to specialist's office.

Req'd	Chemistry	Sent
	Most recent of the following labs:	
<input type="checkbox"/>	All labs from	<input type="checkbox"/>
<input type="checkbox"/>	a. BMP/CMP	<input type="checkbox"/>
<input type="checkbox"/>	b. Lipid panel	<input type="checkbox"/>
<input type="checkbox"/>	c. A1C	<input type="checkbox"/>
<input type="checkbox"/>	d. Vitamin D	<input type="checkbox"/>
<input type="checkbox"/>	e. TSH, T4	<input type="checkbox"/>
<input type="checkbox"/>	f. CBC	<input type="checkbox"/>
<input type="checkbox"/>	g. BNP	<input type="checkbox"/>
<input type="checkbox"/>	h. Folic acid	<input type="checkbox"/>
<input type="checkbox"/>	i. B ₁₂	<input type="checkbox"/>
<input type="checkbox"/>	j. Iron studies	<input type="checkbox"/>
<input type="checkbox"/>	k. Troponin	<input type="checkbox"/>

Req'd	Tests	Sent
<input type="checkbox"/>	Spirometry	<input type="checkbox"/>
<input type="checkbox"/>	Echocardiogram	<input type="checkbox"/>
<input type="checkbox"/>	ECG	<input type="checkbox"/>
<input type="checkbox"/>	EEG	<input type="checkbox"/>
<input type="checkbox"/>	EMG	<input type="checkbox"/>
<input type="checkbox"/>	Stress test	<input type="checkbox"/>
Req'd	Radiology	Sent
<input type="checkbox"/>	CT scan of	<input type="checkbox"/>
<input type="checkbox"/>	X-ray of	<input type="checkbox"/>
<input type="checkbox"/>	MRI of	<input type="checkbox"/>
<input type="checkbox"/>	US of	<input type="checkbox"/>

Notes: _____



FPM Toolbox To find more practice resources, visit <https://www.aafp.org/fpm/toolbox>.

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