

UW MEDICINE Referral Request

To be completed by Outside Referring Physician or designee. Please review the Physician Guide for Referrals and Consultations at: <http://www.uwmedicine.org/PatientCare/InformationForHealthcareProfessionals/MakeAReferral/> to ensure timely and appropriate coordination of care. A list of UW Medicine Clinics can be found at: <http://www.uwmedicine.org/PatientCare/MedicalSpecialties/>.
 Note: UWP Physicians use UH2460

Patient Name (Last Name, First Name, Middle Initial)		Date:
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:
Patient Home Telephone:		Patient Alternate Telephone:
Patient Home Address:		
Interpreter Needed? <input type="checkbox"/> No <input type="checkbox"/> Yes, Language:		

Referral From:

Referring Provider Name (Last Name, First Name, Middle Initial):		NPI:
Referring Provider Contact Telephone:		Referring Provider Fax:
Referring Provider Address:		
Patient's Primary Care Provider (Last Name, First Name, Middle Initial):		

Referral To:

Specialty Clinic Name:	Provider Name:
Referral/Urgency: <input type="checkbox"/> Routine <input type="checkbox"/> Urgent <input type="checkbox"/> Emergent: referring Provider must call consulting Provider for emergent referrals.	

Reason for Referral:

<input type="checkbox"/> Consultation (<i>Diagnosis/Treatment/Surgical Opinion</i>):
<input type="checkbox"/> Transfer of Care (<i>Indicate condition or problem the specialist is being asked to manage</i>):
Reason for request; include diagnosis:
PROVIDER SIGNATURE

PT.NO	Place EPIC Label Within Box
NAME	
DOB	

UW Medicine
 Harborview Medical Center – UW Medical Center
 University of Washington Physicians
 Seattle, Washington

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