



Valleywise Health

2601 E. ROOSEVELT • PHOENIX, ARIZONA 85008

SPECIALTY REFERRAL



DT345

Patient Identifier

Place Patient Label Here

Fax: 602-655-9000; email: ReferralAdmin@ValleywiseHealth.org

Routine

Urgent

|  |  |   |   |
|--|--|---|---|
| Date of referral:  |  | Practice Name:                                  |   |
| Referring Provider:  |  | PCP <input type="checkbox"/> same as referring  |   |
| Referring Provider Signature:  |  |   |   |
| Address:   |  |   |   |
| Practice Referral Contact Person:  |  |   |   |
| Practice Contact Phone#:   |  | Practice Contact Fax#:                          |   |
| <b>Patient Demographic Information</b>   |  |   |   |
| Patient Name:  |  | DOB:  |   |
| Parent/Guardian Name:  |  | Relationship:                                   |   |
| Parent/Guardian Phone#:  |  | Alternate Phone#: <input type="checkbox"/> none |   |
| Patient Address:   |  |   |   |
| Patient's Insurance  |  | Insurance ID#:                                  |   |
|  |  | Group:  |   |
| Authorization Number:  |  | #Visits:  | <input type="checkbox"/> Requested but pending <input type="checkbox"/> No Authorization required |
| <b>Adult Medical Specialty Requested:</b>  |  |   |   |
| <input type="checkbox"/> Breast  | <input type="checkbox"/> Hand                | <input type="checkbox"/> Plastics               | <input type="checkbox"/> Ophthalmology/Optometry  |
| <input type="checkbox"/> Cardiology  | <input type="checkbox"/> Infectious Disease  | <input type="checkbox"/> Podiatry               | <input type="checkbox"/> General Surgery  |
| <input type="checkbox"/> Dental  | <input type="checkbox"/> Neurology           | <input type="checkbox"/> Pulmonary              | <input type="checkbox"/> ST <input type="checkbox"/> OT <input type="checkbox"/> PT               |
| <input type="checkbox"/> Dermatology   | <input type="checkbox"/> Neurosurgery        | <input type="checkbox"/> Rehab                  | <input type="checkbox"/> Urology  |
| <input type="checkbox"/> Endocrinology   | <input type="checkbox"/> Oncology/Hematology | <input type="checkbox"/> Renal                  | <input type="checkbox"/> Vascular   |
| <input type="checkbox"/> ENT   | <input type="checkbox"/> Ortho               | <input type="checkbox"/> Rheumatology           | <input type="checkbox"/> OB/GYN (Fax to 602-344-5596)   |
| <input type="checkbox"/> Gastroenterology  |  |   |   |
| <b>Clinical Information:</b>   |  |   |   |
| Reason for referral:   |  |   |   |
| Diagnosis:   |  | Dx Code:  |   |
| <b>In order to assist us in providing the best care for your patient, please include copies of the following critical clinical information as well as results of any diagnostic testing that may have already been done and let us know what is pending.</b> |  |   |   |
| Recent Progress notes:   | <input type="checkbox"/> Attached            | <input type="checkbox"/> None Available         |   |
| Current Problem List:  | <input type="checkbox"/> Attached            | <input type="checkbox"/> None Available         |   |
| Current Medication List:   | <input type="checkbox"/> Attached            | <input type="checkbox"/> None Available         |   |
| Current Immunizations record:  | <input type="checkbox"/> Attached            | <input type="checkbox"/> None Available         |   |
| Relevant Radiology reports & Imaging: (CTs, MRIs, X-rays, Recent CXR needed for Cardiology)  | <input type="checkbox"/> Attached            | <input type="checkbox"/> None Available         | <input type="checkbox"/> Pending  |
| Recent Pertinent Lab results   | <input type="checkbox"/> Attached            | <input type="checkbox"/> None Available         | <input type="checkbox"/> Pending  |
| Notes from previous specialists if not Valleywise  | <input type="checkbox"/> Attached            | <input type="checkbox"/> None Available         |   |
| Other pertinent diagnostic reports (i.e. EEG, EKG)   | <input type="checkbox"/> Attached            | <input type="checkbox"/> None available         | <input type="checkbox"/> Pending  |
| Other  | <input type="checkbox"/> Attached            | <input type="checkbox"/> None available         | <input type="checkbox"/> Pending  |

Valleywise Health Comprehensive Health Center  
2525 E Roosevelt Street Phoenix AZ, 85008

Scheduling #: 602-344-1015; Email: ReferralAdmin@ValleywiseHealth.org; Fax# for Referrals: 602-655-9000