PEORIA ADULT SPECIALTY REFERRAL

**Fax: 602-655-9000 email:** [**ReferralAdmin@ValleywiseHealth.org**](mailto:ReferralAdmin@ValleywiseHealth.org) **□ Routine** **□ Urgent**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of referral: | | Practice Name: | | | | | | | | | | |
| Referring Provider: | | PCP □ same as referring | | | | | | | | | | |
| Referring Provider Signature: | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | |
| Practice Referral Contact Person: | | | | | | | | | | | | |
| Practice Contact Phone#: | | Practice Contact Fax#: | | | | | | | | | | |
| **Patient Demographic Information** | | | | | | | | | | | | |
| Patient Name: | | | | | | DOB: | | | | | | |
| Parent/Guardian Name: | | | | | | Relationship: | | | | | | |
| Parent/Guardian Phone#: | | Alternate Phone#: □ none | | | | | | | | | | |
| Patient Address: | | | | | | | | | | | | |
| Patient’s Insurance | | Insurance ID#: | | | | | | | | | | |
| Group: | | | | | | | | | | |
| Authorization Number: | | #Visits: | | | | | □ Requested but pending | | | □ No Authorization required | | |
| **Adult Medical Specialty at Peoria Comprehensive Health Center** | | | | | | | | | | | |  |
| □ Audiology | □ Gastroenterology | | | □ Ortho | | | | | □ Ophthalmology/Optometry | | | |
| □ Cardiology | □ GYN (No OB services) | | | □ Podiatry | | | | | □ General Surgery | | | |
| □ Dental | □ Hand | | | □ Renal | | | | |  | | | |
| □ Interventional Pain Clinic | □ | | | □ | | | | | □ Endoscopy **(Fax to 602-655-9560)** | | | |
| **Clinical Information:** | | | | | | | | | | | | |
| Reason for referral: | | | | | | | | | | | | |
| Diagnosis: | | | Dx Code: | | | | | | | | | |
| **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 completed and let us know what is pending.** | | | | | | | | | | | | |
| Recent Progress notes: | | | | | □ Attached | | | □ Non-Available | | |  | |
| Current Problem List: | | | | | □ Attached | | | □ Non-Available | | |  | |
| Current Medication List: | | | | | □ Attached | | | □ Non-Available | | |  | |
| Relevant Radiology reports & Imaging: (CTs, MRIs, X-rays, Recent CXR needed for Cardiology) | | | | | □ Attached | | | □ Non-Available | | | □ Pending | |
| Recent Pertinent Lab results | | | | | □ Attached | | | □ Non-Available | | | □ Pending | |
| Notes from previous specialists if not Valleywise | | | | | □ Attached | | | □ Non-Available | | |  | |
| Other pertinent diagnostic reports (i.e., EEG, EKG) | | | | | □ Attached | | | □ Non-Available | | | □ Pending | |
| Other | | | | | □ Attached | | | □ Non-Available | | | □ Pending | |