



2525 E Roosevelt Street
Phoenix AZ 85008

PHOENIX ADULT SPECIALTY REFERRAL

Fax: 602-655-9000

email: 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 Phoenix Comprehensive Health Center			
☐ Audiology	☐ Hand	☐ Plastics	☐ Ophthalmology/Optometry
☐ Breast	☐ Infectious Disease	☐ Podiatry	☐ General Surgery
☐ Cardiology	☐ Neurology	☐ Pulmonary	☐ ST ☐ OT ☐ PT
☐ Dental	☐ Neurosurgery	☐ Rehab	☐ Urology
☐ Endocrinology	☐ Oncology/Hematology	☐ Renal	☐ Vascular (Provide bi-lateral Venus Duplex US)
☐ ENT	☐ Ortho	☐ Rheumatology	☐ OB/GYN (Fax to 602-655-9136)
☐ Gastroenterology	☐ Oral & Maxillofacial Surgery (Head & Neck)		☐ Endoscopy (Fax to 602-655-9561)
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 test that may have already been done 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

Valleywise Health Comprehensive Health Center

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