



Consult Referral Tool

Rationale

This document is designed to enhance communications between the referring and consulting physicians and reduce the potential for communication failures that may result in delayed diagnosis or treatment of the patient. To that end,

- The tool will assist with clarifying the role of the referring and consulting physician, including follow-up care.
- Provide a method to document the reason for the referral, type of consultation requested, relevant patient history and physical findings, and other important information.
- A copy of this consult/referral form can be placed in a tickler file to track completion of the referral and receipt of a written report from the consulting physician.
- The Consult/Referral form should be placed in the patient's medical record upon receipt of the Consulting Physician's report.

Consult Referral Tool

Date Day/Date of appointment if made by referring physician

Consulting Practitioner Address Phone

Patient Name Patient Address Phone

Reason for Consultation:	<input type="checkbox"/> Urgent	<input type="checkbox"/> Non-Urgent
Type of Consultation:	<input type="checkbox"/> Diagnosis	<input type="checkbox"/> Therapy
<input type="checkbox"/> Treatment	<input type="checkbox"/> Surgery	<input type="checkbox"/> Pain Management
Follow-up:	<input type="checkbox"/> Assume follow-up care for the referring condition	<input type="checkbox"/> Provide your tests/findings to the patient

<input type="checkbox"/> Please send written report	<input type="checkbox"/> Please phone report and follow up with written report
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Medical Records Enclosed (if not, complete the following):

Diagnosis

Relevant History and Physical Findings

Current Medications, including OTC and Herbal Products

Allergies

Relevant Labs & X-Rays

Check if: Patient carrying copy of medical records Patient carrying X-Ray films

Referring Practitioner

Address Phone