



Consultation / Referral Request

If Urgent/Emergent requesting Provider must call Specialist

For a specific provider indicate the specialty and write their name here:

Provider: _____

Cancer Center See Cancer Center info
 Hematology/ Medical Oncology (360) 683-9895
 Radiation Oncology Fax: (360) 582-2820

Specialty Clinic Port Angeles & Sequim
 Gastroenterology (360) 565-0999
 Neurology Fax: (360) 565-0901
 Neurology-EMG Test
 Urology

Heart Center Port Angeles & Sequim
 Cardiology (360) 565-0500
Fax: (360) 565-0901

Lung Center Port Angeles
 Pulmonology (360) 565-0999
Fax: (360) 565-0901

Orthopaedic Clinic Port Angeles & Sequim
 Orthopaedics (360) 565-0999
Fax: (360) 565-0901

Surgery Clinic Port Angeles
 General Surgery (360) 565-0999
 Colonoscopy/EGD Fax: (360) 565-0901

Sleep Center Sequim
 Sleep Disorders (360) 565-0999
FAX: (360) 565-0901

Women's Health Port Angeles & Sequim
 Gynecology (360) 565-0999
 Obstetrics Fax: (360) 565-0901

Routine (Patient contacted within 72 hours of receipt of request)
 Urgent (Specialist MUST be called!)

DATE SENT: _____

NUMBER OF PAGES: _____

REFERRING PROVIDER: _____

PROVIDER'S TELEPHONE: _____

PATIENT NAME: _____

DATE OF BIRTH: _____

PATIENT'S TELEPHONE: _____

TYPE OF REQUEST: CONSULTATION EVAL & TREAT

REASON: _____

Has this patient been seen here before? Yes No Unknown

Required Information (Please check below)

❖ Office Progress Notes/Past Medical History/Medication List

❖ Diagnosis Codes: _____

❖ Diagnostic tests: _____

❖ Insurance approval required? No Yes: Name of Insurance: _____

Coordinated Care Tricare Amerigroup?

❖ Any other helpful information appreciated.

If applicable, include:

Endoscopy Reports Outside Films

Anticoagulation: INR Range: _____ Last INR: _____

Duration / End date: _____

Cardiology: Cardiology Consult Note Lab w/ LIPID PROFILE

EKG Echo Treadmill

Cancer Center:

Previous Chemo: No Yes, Date: _____

Location: _____

Previous Radiation: No Yes, Date: _____

Location _____

Location of reports: Lab, path, radiology: _____

Is patient aware of diagnosis? No Yes

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