

PACIFIC PERMANENTE GROUP

New Consultation Referral Form

DIAGNOSIS/INFORMATION FOR CONSULTATION REQUEST

Patient Name: _____ Date of Birth: ___/___/___ Today's Date: ___/___/___

Diagnosis: _____ ICD -10: _____

Reason for Consultation: _____

Referral Status: New Patient Second Opinion

Urgency: Urgent Next Available Appointment

Referral: PPG Cardiology PPG Interventional Cardiology PPG Orthopedics PPG Pulmonology

REFERRING PROVIDER INFORMATION

Referring Provider: _____

Contact Person: _____

Office Number: (_____) _____ Fax Number: (_____) _____

PATIENT INSURANCE/DEMOGRAPHIC INFORMATION

Primary Insurance: _____ Subscriber Number: _____

Secondary Insurance: _____ Subscriber Number: _____

Home Address: _____ City: _____ State: _____ Zip code: _____

Contact Number: (_____) _____ Alternate Contact Number: (_____) _____

Primary Language: _____ Interpreter Required: No Yes

To assist with the transition of care, please provide the following, if possible:

Three (3) Progress Notes

Recent H&P

Pathology Reports

Relevant Lab Results

Imaging

Op/Procedure Note

For MOC Office Use Only: Date Referral Received & Logged: _____ Received by: _____ Initial: _____

MRN: _____