Model Specialty Out-Patient Referral Response Checklist*

(This information can be communicated through any of several means including a paper-based referral response form, detailed clinical note from last appointment or abstraction from an Electronic Medical Record)

Patient Name:	Date Of Birth:
Referring Provider:	
Specialist's Name/Practice/Contact information:	
Date of Referral Visit: Reason for Referr	ral/Clinical Question:
☐ Diagnoses (include confirmed, new, changed or suspreason for referral/clinical question)	pected diagnoses as well as any ruled-out diagnoses pertinent to the
	suspected disorders not directly related to referred disorder but which larify who should take primary responsibility for that follow up)
	oles provided, changes in dosage or form (i.e., solid to liquid), and any nges have already been instituted or need to be instituted by PCMH
☐ Equipment changes (include new, changed or discorinstituted or need to be instituted by PCMH	ntinued items and indicate whether any changes have already been
☐ Diagnostic testing (include results of testing already scheduled and clarify whether Neighbor or PCMH ne	completed, tests that have results pending and tests that have been eds to follow up)
☐ Patient Education (include education completed, sch	eduled or recommended as well as patient information provided)
☐ Procedures (include procedures completed with resu	ults/outcomes; list other procedures scheduled/recommended)
Referrals: (include other referrals completed, schedu	led or recommended and reason for those referrals)
	rral type (e.g. consultation to shared care or "first call" responsibility for th specialist or PCMH (specify time frame and whether scheduled)
☐ Indicate any special requests or other recommendat	ions:

*The above should be presented as a stand-alone document or as the first page of a complete response note that includes a history and physical (H&P), full evaluation and other relevant information. This should reach the referring and other pertinent providers that are part of the patient's care team, in a timely fashion, such as within one week of the referral visit if not sooner.

Source: American College of Physicians

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