

PATIENT-CENTERED SPECIALTY CARE (PCSC)

This template is offered as tool that can evolve over time as providers build upon existing coordination processes and identify new opportunities for improvement. It is available for use by the represented Specialty Care Physician and Primary Care Physician for coordination of care referrals and activities. Use of this Referral Request Form is not required and is optional. It is designed to be a resource and is not a program requirement.

Provider Referral Request Form

Referring To

Specialty:	Phone:	Fax:
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Patient Name & Address:

Please Schedule (select all that apply):

- Urgent - Referring physician called _____
- Routine Appointment with Specific Physician listed: _____
- First Available with any Physician

Referring Provider's Name:	Phone:	Fax:
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Referral Type Of

- Evaluation consultation with treatment recommendations that primary care physician will continue to follow
- Evaluation consultation with assumed care for this condition
- Evaluation consultation with treatment recommendations and shared care
- Specialist to Specialist* - Secondary Referral
*Send copy of this referral to patient's primary care physician
- Other (designate) _____

Information Patient

Patient Full Legal Name:	DOB:
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Preferred Phone:	Best time to call:
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Special Patient Considerations:

Patient Insurance Information:

Patient's Primary Care Provider:	Phone:	Fax:
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Information General

Reason for Referral (Clinical Question):

Comments/Considerations Related to Clinical Question:*

*(Please include recent labs, pertinent imaging reports, medication list, problem list, allergies, and relevant clinical notes)

Patient aware of reason for referral? Yes No: Explain

Provider Referral Confirmation

Referral Confirmation

Referral Accepted? Yes No: Explain

Appointment Scheduled with:

Date & Time:

Patient refused scheduling Patient prefers to contact specialist to schedule at a later date

Request for additional supporting clinical information (please detail):

Person completing confirmation:

Date of Confirmation:

www.practiceadvisor.org/Modules/specialty-practice-recognition