

**Referring Physician Information**

Referring Physician's Name			Date (mm/dd/yyyy)
Office Address		NPI Number	UPIN Number
City	State	ZIP	Telephone
Reply to Fax Number	Primary Care Physician	Contact Name	

**Patient Information**

Mayo Clinic Number	Patient Name (first, middle initial, last)		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Address			County
City	State	ZIP	Birth date (mm/dd/yyyy)
Home Telephone	Work Telephone	Parent's Name (if minor)	
Maiden Name		Spouse's First Name	
Does the patient need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what language?			
Does the patient have medical insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does the patient belong to an HMO? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the patient on medical assistance (Medicaid)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Worker's Compensation or litigation involved? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, patient is referred for <input type="checkbox"/> Disability evaluation <input type="checkbox"/> Treatment Surgery <input type="checkbox"/> Motor vehicle accident		Injury Date (mm/dd/yyyy)

**Appointment Request**

Requested Appointment <input type="checkbox"/> Emergent <input type="checkbox"/> Urgent (<3 days) <input type="checkbox"/> 4-14 days <input type="checkbox"/> Routine	Date(s) preferred for scheduling parameter to
Reason for referral/symptoms/diagnosis (Please be specific and state area of involvement)	
Onset/duration	Date(s) of previous surgeries/previous testing
Specialty requested	If internal Medicine, <input type="checkbox"/> Full exam <input type="checkbox"/> Focused subspecialty consult
Specific consult requested	

**Mayo Clinic Reply**

Appointment date (mm/dd/yyyy)	Department/Physician
Report location/time	
Notes	
If the appointment scheduled is more than one week in the future, a letter of confirmation will be mailed to the patient.	

*Thank you for referring your patient to Mayo Clinic.*