



Referring a Patient to Mayo Clinic

Please fax this form to the Mayo Clinic Referring Physicians Service Center at 480-301-4071.

For questions, please phone 480-301-6539 (locally) or 1-866-629-6362 (nationally).

Thank you for referring your patient to Mayo Clinic.

Referring Physician Information (Note: Established referring physicians need to complete only the * areas)

* REFERRING PHYSICIAN'S NAME			* DATE (MO-DAY-YEAR)
OFFICE ADDRESS			UPIN #
CITY	STATE	ZIP	* TELEPHONE
REPLY TO FAX #	NAME		

Patient Information

* PATIENT NAME	FIRST	MIDDLE INITIAL	LAST	* SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	MAYO CLINIC #
ADDRESS					COUNTY
CITY			STATE	ZIP	* DATE OF BIRTH (MO-DAY-YEAR)
* HOME TELEPHONE	* WORK TELEPHONE		PARENT'S NAME (if minor)		
MAIDEN NAME			SPOUSE'S FIRST NAME		
DOES PATIENT HAVE MEDICAL INSURANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO		DOES PATIENT BELONG TO AN HMO? <input type="checkbox"/> YES <input type="checkbox"/> NO		IS PATIENT ON MEDICAL ASSISTANCE (MEDICAID)? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IS WORKERS' 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			DATE OF INJURY (MO-DAY-YEAR)

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
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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 SPECIALTY CONSULT
SPECIFIC CONSULTANT REQUESTED	

Mayo Clinic Reply

APPOINTMENT DATE (MO-DAY-YEAR)	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.