

UW MEDICINE Referral Request

Thank you for referring your patient to UW Medicine. This form is to be completed by the outside referring provider or designee. For information about making referrals and/or to complete this form online and print it out go to: <http://uwmedicine.org/referrals>. A list of UW Medicine clinics and providers can also be accessed on the same web page. Note: UWP Physicians use UH2460.

Patient Name (Last Name, First Name, Middle Initial)		Date
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Patient preferred language for healthcare communication	
Date of Birth	Patient Home Telephone	Patient Alternative Telephone
Patient Home Address		
Patient insurance company and plan(s)		

Referral From:

Referring Provider Name (Last Name, First Name, Middle Initial)		NPI
Referring Provider Contact Telephone	Referring Provider Fax	
Referring Provider Address		
Patient's Primary Care Provider (Last Name, First Name, Middle Initial)		

Referral To:

Specialty Clinic Name	Clinic Location
Provider Name	
Referral/Urgency	<input type="checkbox"/> Routine <input type="checkbox"/> Urgent <input type="checkbox"/> Emergent: referring Provider must call consulting Provider for emergent referrals

Reason for Referral:

<input type="checkbox"/> Consultation (<i>Diagnosis/Treatment/Surgical Opinion</i>) <input type="checkbox"/> Transfer of Care (<i>Indicate condition or problem the specialist is being asked to manage</i>)
Reason for request; include diagnosis:
Provider Signature

PT.NO

NAME

DOB

Place EPIC Label Within Box

UW Medicine

Harborview Medical Center – UW Medical Center
 Northwest Hospital & Medical Center – University of Washington Physicians
 Seattle, Washington

UW MEDICINE REFERRAL REQUEST



U2394

WHITE – MEDICAL RECORD