

# Referral Form

For routine referrals, fax completed form to 651-726-2622.  
For urgent referrals (appointment within two weeks),  
provider should call our One Call nurse directly at  
651-325-2200.

## Choose the Type of Referral \*

- Diagnose and Treat (Co-Manage)
- Consultation
- Transfer of Care
- Allied Health Referral (Rehabilitation Therapies,  
Orthotics and Prosthetics, Seating, Psychology)

**Please consult with me, the primary care provider,  
before making secondary referrals.**

- Yes
- No

## Provider Information

UPIN Number / NPI \*

Referring Provider Name \*

Referring Provider Email Address

Primary Care Provider ( Same as Referring Provider)

## Clinic Information

Clinic Name

Street Address

Address Line 2

City

State / Province / Region

Postal / Zip Code

Country

Clinic Phone Number

Clinic Fax Number

Additional Contact Name

Additional Contact Phone Number

## Patient Information

**Is family/patient aware of the referral? Yes  No**

If No, please make them aware as soon as possible.

Patient Name \*

Date of Birth \*

Gender\*

- Male
- Female

Patient Address

Street Address

Address Line 2

City

State / Province / Region

Postal / Zip Code

Country

Primary Contact

Relationship to Patient

Primary Phone Number

Alternative Phone Number

Preferred Language

Preferred Gillette Clinic Location (if known)

Specialty Area to be Referred

**Or, let the Gillette One Call Access Referral Nurse  
determine the appropriate specialty.**

- Yes

Specific Name of the Provider I Would Like to Refer to

*Continued on back.*

\*This information is required to complete a referral.

## Patient Information (continued)

### Reason for Referral:\*

### Diagnosis/Symptoms:\*

### Additional Medical History Information:

### Additional Documents:

**Our specialists have requested documentation to assist us in the care of your patient. Please fax the following documents to medical records at 651-325-2137.**

- Patient face sheet.\*
- Clinic notes, including diagnoses or problem lists.
- Relevant family history.
- Relevant test (lab or imaging) results.
- Current medication list and allergies.
- Current care management plans or recent referrals for therapies, medical equipment, etc.
- Diagnosis of mental health condition, substance abuse or behaviors affecting health.

\*This information is required to complete a referral.