

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

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

- Yes
- No

Provider Information

UPIN Number / NPI

Referring Provider Name *

Primary Care Provider (Same as Referring Provider)

Referring Provider Signature

Date

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.