

Harris Health System
P.O. Box 66769, Houston, Texas 77266-6769

Patient Appointment & Referral Center
Phone# 713-873-8890 Fax #713-440-1190

CONSULTATION/REFERRAL REQUEST FORM

To: Consultant

Name of Specialty: _____

Location (circle one): Ben Taub , LBJ,

Smith Clinic Outpatient Center

From: Referring Physician

Name: _____

Address: _____

Phone: _____

Fax: _____

E-mail contact: _____

Reason for Referral: _____

Section 1-Requested Action

Consultation

(Please send patient back for follow-up and treatment)

- Confirm diagnosis
- Advise as to diagnosis
- Suggest medication or treatment

Referral

(Please provide primary physician with summaries of subsequent visits)

- Assume management for this particular problem and return patient after conclusion of care
- Assume future management of patient within your area of expertise

Section 2-Patient Information

Name: _____ **SSN:** _____ **DOB:** _____

Address: _____ **Phone:** _____

Gender _____ **Language:** _____

Harris Health System Medical Record Number: _____

Insurance: _____ **Group/Policy#:** _____

Tentative diagnosis: _____

Pertinent history, physical, and laboratory findings: _____

- See additional clinical information attached
- Please provide periodic status reports on this patient
- Please send thorough written report when the consultation is complete.

Section 3-Consultant's Findings

- See attached report
- I would like to receive periodic status reports on this patient.

Signature/ _____
Referring Physician

We improve our community's health by delivering high quality health care to Harris County residents and by training the next generation of health professionals.

Please ONLY fax referrals for the following specialties and provide the following documents along with the attached Consultation Form

Please select one or more of the following:

- | | | |
|---|--|--|
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Hematology | <input type="checkbox"/> Oral Surgery |
| <input type="checkbox"/> Colon and Rectal | <input type="checkbox"/> Infectious Diseases | <input type="checkbox"/> Palliative Medicine |
| <input type="checkbox"/> Endocrinology | <input type="checkbox"/> Nephrology | <input type="checkbox"/> Plastic Surgery |
| <input type="checkbox"/> Ent-Otolaryngology | <input type="checkbox"/> Neurology | <input type="checkbox"/> Pulmonology |
| <input type="checkbox"/> Gastroenterology | <input type="checkbox"/> Neurosurgery | <input type="checkbox"/> Rheumatology |
| <input type="checkbox"/> Genetics | <input type="checkbox"/> Ophthalmology | <input type="checkbox"/> Thoracic Diseases |
| <input type="checkbox"/> General Surgery | <input type="checkbox"/> Oncology | <input type="checkbox"/> Urology |
| <input type="checkbox"/> Gynecology | <input type="checkbox"/> Orthopedics | <input type="checkbox"/> Vascular Surgery |

BT- Ben Taub

Hospital

1504 Taub Loop
Houston TX 77030

LBJ- Lyndon B.

Johnson Hospital

5656 Kelley St
Houston TX 77026

OC- Outpatient

Center

5550 Kelley St
Houston TX 77026

SC- Smith Clinic

2525 Holly Hall
Houston TX 77054

Please provide the following:

- Insurance** (Medicaid, Medicare, Private Insurance)- (Copy of insurance card including, the effective date and subscriber ID#)
 - o Medicare Part B
 - o Commercial Insurance Plan and company name
- "Clinical information"** (History and Physical notes, Op reports, Discharge Summary, etc.)
- Specialty and Diagnosis**
- Diagnostics** (Labs, imaging, Pathology report for Oncology referrals, etc.)
- Full patient demographics** (Street address, city, state, zip code, county, phone number(s), SSN (if available), DOB)
- Referring provider information** (Name, address, phone and fax number)
- Harris Health System, Referral Center Consultation/Referral Form**

Adult Specialty Services

Specialty Services Requiring Referral Review:

BREAST SURGERY
CARDIOLOGY
COLO-RECTAL
ENDOCRINOLOGY
ENT/OTOLARYNGOLOGY
GASTROENTEROLOGY
GENERAL SURGERY
GENETICS
GYNECOLOGY
HEMATOLOGY
INFECTIOUS DISEASE
NEPHROLOGY
NEUROLOGY

NEUROSURGERY
ONCOLOGY
OPHTHALMOLOGY
ORAL SURGERY
ORTHOPEDECS
PALLIATIVE
PLASTICS
PULMONOLOGY
RHEUMATOLOGY
SURGERY
THORACIC
UROLOGY
VASCULAR

All clinical guidelines can be found in Epic and on Harris Health intranet
Please include all current diagnoses, pertinent labs and/or imaging
External Referral submission requires submission of Consultation form for manual upload to Epic.
Referral Center Contact Phone # -713-873-8890

Specialty Services NOT Reviewed by Referral Center



ALLERGY
BEHAVIORAL HEALTH
IMAGING
OBSTETRICS
PODIATRY
PT/OT/ST
THOMAS ST(HIV)
WOUND CARE
DENTAL

AUDIOLOGY
DERMATOLOGY
NUTRITION
OPTOMETRY
PSYCHIATRY
RADIOLOGY
WEIGHT MAGEMENT
LYMPHAEDEMA

List is not all inclusive. Contact Specialty area directly for processing information or contact Patient Appointment Center(PAC)
713-526-4243

