

# Internal Medicine Clinic Referral Form



MR# \_\_\_\_\_  
 Patient: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Referring MD: \_\_\_\_\_  
 Attending MD: \_\_\_\_\_

Referring MD Signature: \_\_\_\_\_

**1** Referring to: Clinic \_\_\_\_\_ Doctor \_\_\_\_\_  New to referred clinic  
 When:  Routine  within \_\_\_\_\_  Return to referred clinic  
 Dx/Symptoms: \_\_\_\_\_ Date of Onset: \_\_\_\_\_  
 Reason for Referral: \_\_\_\_\_  
 Managed Care Authorization needed See CIS Note. Note Date: \_\_\_\_\_

**2** Referring to: Clinic \_\_\_\_\_ Doctor \_\_\_\_\_  New to referred clinic  
 When:  Routine  within \_\_\_\_\_  Return to referred clinic  
 Dx/Symptoms: \_\_\_\_\_ Date of Onset: \_\_\_\_\_  
 Reason for Referral: \_\_\_\_\_  
 Managed Care Authorization needed See CIS Note. Note Date: \_\_\_\_\_

**3** Referring to: Clinic \_\_\_\_\_ Doctor \_\_\_\_\_  New to referred clinic  
 When:  Routine  within \_\_\_\_\_  Return to referred clinic  
 Dx/Symptoms: \_\_\_\_\_ Date of Onset: \_\_\_\_\_  
 Reason for Referral: \_\_\_\_\_  
 Managed Care Authorization needed See CIS Note. Note Date: \_\_\_\_\_

**4** Referring to: Clinic \_\_\_\_\_ Doctor \_\_\_\_\_  New to referred clinic  
 When:  Routine  within \_\_\_\_\_  Return to referred clinic  
 Dx/Symptoms: \_\_\_\_\_ Date of Onset: \_\_\_\_\_  
 Reason for Referral: \_\_\_\_\_  
 Managed Care Authorization needed See CIS Note. Note Date: \_\_\_\_\_

\*Use requisition forms for GI Procedures, Physician Therapy, and Occupational Therapy