



UNC Infectious Diseases Clinic
 100 Eastowne Drive, Chapel Hill, NC 27514
 Phone (984) 974-7198 • Fax (984) 974-4587

NEW PATIENT REFERRAL

Providers who are affiliated with UNC Health should order referrals directly through Epic, whenever possible.

Use the "Ambulatory Referral to Infectious Diseases" order and specify "UNC Infectious Diseases Eastowne Chapel Hill" as the department.

Please complete the entire form and attach copies of the most recent clinic note(s) describing the condition and workup to-date, as well as **relevant** serology results, culture & susceptibility data, pathology reports, imaging reports, and discharge summaries.

PATIENT INFORMATION

LAST NAME		FIRST NAME		MIDDLE INITIAL
PRIMARY PHONE	<input type="checkbox"/> HOME <input type="checkbox"/> CELL	SEX	<input type="checkbox"/> Female <input type="checkbox"/> Male	DATE OF BIRTH
ALTERNATE PHONE	<input type="checkbox"/> WORK <input type="checkbox"/> OTHER	RACE / ETHNICITY		INTERPRETER NEEDED? <input type="checkbox"/> Yes <input type="checkbox"/> No
EMAIL		INSURANCE CARRIER(S)		
STREET ADDRESS				
CITY		STATE	ZIP	

REFERRING PROVIDER INFORMATION

LAST NAME		FIRST NAME		TITLE / DEGREE(S)
PRACTICE NAME		OFFICE CONTACT (IF DIFFERENT FROM ABOVE)		
OFFICE PHONE		OFFICE FAX		
EMAIL		PREFERRED METHOD FOR COMMUNICATION ABOUT REFERRAL <input type="checkbox"/> PHONE <input type="checkbox"/> FAX <input type="checkbox"/> SECURE EMAIL		
STREET ADDRESS				
CITY		STATE	ZIP	

PRIMARY CARE PROVIDER INFORMATION

LAST NAME		FIRST NAME		TITLE / DEGREE(S)
PRACTICE NAME				
OFFICE PHONE		OFFICE FAX		
STREET ADDRESS				
CITY		STATE	ZIP	

REASON(S) FOR REFERRAL

PLEASE NOTE: To ensure access for patients with high-priority conditions, UNC ID Clinic does not routinely see adults with any of the following: confirmed or suspected active pulmonary tuberculosis (TB); fevers of less than 14 days' duration without a diagnostic workup underway; Chronic Fatigue Syndrome; chronic EBV infection; rashes without a diagnostic workup; mold exposure; chronic wounds or decubitus ulcers; or concerns about chronic parasitic infection(s) without a compatible travel history and without diagnostic testing supporting a diagnosis.

SPECIFIC QUESTION(S) TO ADDRESS		PATIENT NOTIFIED OF DX? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		COMMUNICABLE DISEASE REPORTING COMPLETED? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<input type="checkbox"/> HIV – new diagnosis	B20	<input type="checkbox"/> Diabetic foot ulcer (T2DM)	E11.621
<input type="checkbox"/> HIV – transferring care	B20	<input type="checkbox"/> Osteomyelitis	M86.9
<input type="checkbox"/> HIV in pregnancy	O98.7	<input type="checkbox"/> Cellulitis (acute or recurrent)	L03.90
<input type="checkbox"/> HIV pre-exposure prophylaxis (PrEP)	Z29.81	<input type="checkbox"/> Prosthetic joint infection	T84.50
<input type="checkbox"/> Hepatitis C	B18.2	<input type="checkbox"/> Urinary tract infection	N39.0
<input type="checkbox"/> Endocarditis, acute or subacute	I33.9	<input type="checkbox"/> Abdominal abscess	K65.1
<input type="checkbox"/> Syphilis, latent	A53.0	<input type="checkbox"/> Clostridioides difficile ("C.diff")	A04.7
<input type="checkbox"/> Herpes, anogenital	A60.9	<input type="checkbox"/> Latent TB infection (LTBI)	Z22.7
<input type="checkbox"/> Abnormal CSF, concern for infection	R83.5	<input type="checkbox"/> OTHER (SPECIFY)	
<input type="checkbox"/> Mpox (formerly monkeypox)	B04		
		<input type="checkbox"/> Tick-borne rickettsiosis (RMSF)	A77.9
		<input type="checkbox"/> Lyme disease	A69.20
		<input type="checkbox"/> Ehrlichiosis	A77.40
		<input type="checkbox"/> Mosquito-borne viral fever (NOS)	A92.9
		<input type="checkbox"/> Non-TB mycobacterial infection	A31.9
		<input type="checkbox"/> Immunocompromised from med(s)	D84.821
		<input type="checkbox"/> Drug-resistant infection	Z16.30
		<input type="checkbox"/> Allergy to antimicrobial(s)	Z88