



# UNC Hospitals Neurosurgery NEW PATIENT REFERRAL FORM

Please fax back referral form and all pertinent records to (984)974-6741. Questions? Call (919)445-2410.

Date of Request: \_\_\_\_\_

*This form is a fillable PDF. Please type or clearly print your information.*

## PATIENT INFORMATION

Patient First Name \_\_\_\_\_ Patient Last Name \_\_\_\_\_ Middle Name/Initial \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender  Male  Female UNC Medical Record # \_\_\_\_\_

Race \_\_\_\_\_ If pediatric patient, name of parent/guardian \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cellular \_\_\_\_\_

Insurance Company \_\_\_\_\_

## PHYSICIAN PREFERENCE AND REASON FOR REFERRAL

Consultation  Yes  No Transfer of Care  Yes  No Second Opinion  Yes  No Date of Onset: \_\_\_\_\_

Chief Complaint and Signs & Symptoms:

## REFERRING PHYSICIAN INFORMATION

Name \_\_\_\_\_ Specialty \_\_\_\_\_

Practice Name \_\_\_\_\_ UNC MD Code \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Contact person in office \_\_\_\_\_ Telephone \_\_\_\_\_

Primary Care physician \_\_\_\_\_ Telephone \_\_\_\_\_

*To expedite an appointment, please fax the following information with your referral to (984) 974-6741.*

- |  |   |
|--|---|
| <input type="checkbox"/> <b>Surgery</b> - Operative report and pathology report                      | <input type="checkbox"/> <b>Laboratory Work-up</b> - Lab Results  |
| <input type="checkbox"/> <b>Imaging</b> - Formal Reports   | <input type="checkbox"/> <b>Ophthalmology Work-up</b> - Reports/Summary   |
| <input type="checkbox"/> <b>Radiation/Chemotherapy</b> - Treatment Summary                           | <input type="checkbox"/> <b>Office Notes</b> - Documenting findings for referral  |
| <input type="checkbox"/> <b>Diagnostic and/or Therapeutic Lumbar Puncture (LP)</b> - Reports/Summary | <input type="checkbox"/> <b>Growth Charts</b> (Head circumference, weight, length)<br>REQUIRED FOR ALL PATIENTS UNDER 4 years old |

### UNC Neurosurgery use only

Date received:

Triaged by:

Date Patient Contacted:

Appointment Date:

Physician: