**UNC Division of Cardiothoracic Surgery**

Clinic address: 101 Manning Dr, Chapel Hill, NC 27514

Mailing address: UNC Division of Cardiothoracic Surgery

3040 Burnett-Womack Bldg., CB #7065

Chapel Hill, NC 27599-7065

Phone: 919-966-6908 | Fax: 919-966-3475

**New Patient Referral Form**

**Please complete entire form and attach copies of the requested medical records. We cannot schedule an appointment until this information is received.**

**Patient Demographics**

Patient First Name: Click or tap here to enter text. Patient Last Name: Click or tap here to enter text.

Date of birth: Click or tap here to enter text.Legal Sex: [ ]  Male [ ]  Female [ ]  Non-binary [ ] Unknown

Race: Click or tap here to enter text. If pediatric patient, name of parent/guardian: Click or tap here to enter text.

Primary Phone: Click or tap here to enter text. Secondary Phone: Click or tap here to enter text.

Patient Mailing Address: Click or tap here to enter text. City: Click or tap here to enter text.

State: Click or tap here to enter text. Zip: Click or tap here to enter text.

Referral Reason / Diagnosis / Reason for Consult:

Click or tap here to enter text.

Referring Provider Name: Click or tap here to enter text. Practice Phone: Click or tap here to enter text.

**Patient Insurance**

Primary Insurance Carrier Name: Click or tap here to enter text. Policy Number: Click or tap here to enter text.

Group Number: Click or tap here to enter text. Effective Date: Click or tap here to enter text.

Secondary Insurance Carrier Name: Click or tap here to enter text. Policy Number: Click or tap here to enter text.

Group Number: Click or tap here to enter text. Effective Date: Click or tap here to enter text.

**Please send the following Medical Records:**

|  |  |
| --- | --- |
| [ ] Surgery - Operative report and pathology report | [ ] Office Notes - Documenting findings for referral |
| [ ] Imaging - Formal Reports and Images [ ] Chest CT [ ] Chest MRI [ ] Echocardiogram [ ] Stress TestsMailed [ ]  Uploaded to PowerShare UNC Hospitals [ ]  |
| [ ] Laboratory Results | [ ] Growth Charts (Head circumference, weight, length) required for patients <4y/o |

Fax to: 919-966-3475

OR

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