UNC General Surgery
101 Manning Drive, Chapel Hill, NC 27514
Phone: (919) 966-4389 Fax (919) 966-0369

NEW ADULT PATIENT REFERRAL/CONSULTATION

Please fax completed referral form and attach copies of prior pertinent clinic notes, labs, radiological studies, operative reports to (919)966-0369. This information will help facilitate your patient's appointment.

PATIENT INFORMATION **UNC MR# (*if known*):**

LAST NAME:	FIRST NAME:		MIDDLE NAME:
PRIMARY PHONE:	ALTERNATE PHONE:	SEX: F ☐ M ☐	BIRTH DATE:
RACE:	STREET ADDRESS:		
CITY:	STATE:	ZIP:	

DIAGNOSIS

	○ BILIARY COLIC ○ COLON-DIVERTICULOSIS ○ COLON-DIVERTICULITIS ○ COLOSTOMY REVISION ○ GALLSTONES ○ HEMORROIDS		○ HERNIA ○ INTESTINAL FISTULA ○ LIPOMA ○ PILONIDAL DISEASE ○ SEBACEOUS CYST ○ SMALL BOWEL OBSTRUCTION

Request for particular surgeon? **Spanish Interpreter Needed? ☐ Yes ☐ No**

PRIMARY CARE PROVIDER INFORMATION		
PHYSICIANS NAME:		
PRACTICE NAME:		
STREET ADDRESS:	**CITY, STATE, ZIP**	
PHONE:	**FAX:**	**EMAIL ADDRESS:**

REFERRING PROVIDER INFORMATION (IF DIFFERENT THAN ABOVE)		
PHYSICIANS NAME:		
PRACTICE NAME:		
STREET ADDRESS:	**CITY, STATE, ZIP**	
PHONE:	**FAX:**	**EMAIL ADDRESS:**

INSURANCE POLICY HOLDER INFORMATION *(PLEASE ALSO ENCLOSE COPY OF INSURANCE CARD)*			
POLICY HOLDER'S RELATIONSHIP TO PATIENT: ☐SELF ☐PARENT ☐SPOUSE ☐CHILD ☐OTHER	LAST NAME:		FIRST NAME:
SEX: F ☐ M ☐	BIRTH DATE:		PRIMARY PHONE:
PRIMARY INSURANCE CARRIER:	POLICY #:	GROUP #:	EFFECTIVE DATE:
SECONDARY INSURANCE CARRIER:	POLICY #:	GROUP #:	EFFECTIVE DATE: