UW MEDICINE Referral Request

University of Washington Medical Center — UW Medicine

Harborview Medical Center — UW Medicine

Thank you for referring your patient to UW Medicine. This form is to be completed by the outside referring provider or designee. For information about making referrals and/or to complete this form online and print it out go to: http://uwmedicinereferral.org. A list of UW Medicine clinics and providers can be found at: http://www.uwmedicine.org/PatientCare/MedicalSpecialties/. Note: UWP Physicians use UH2460.

Patient Name (Last Name, First Name, Middle Initial)		Date
Gender ☐ Male ☐ Female	Patient preferred language for healthcare communication	
Date of Birth	Patient Home Telephone	Patient Alternative Telephone
Patient Home Address		
Patient insurance company and plan(s)		

Referral From:

Referring Provider Name (Last Name, First Name, Middle Initial)	NPI
Referring Provider Contact Telephone	Referring Provider Fax
Referring Provider Address	
Patient's Primary Care Provider (Last Name, First Name, Middle Initial)	

Referral To:

Specialty Clinic Name	Provider Name
Referral/Urgency ☐ Routine ☐ Urgent ☐ Emergent: referring Provider must call consulting Provider for emergent referrals	

Reason for Referral:

☐ **Consultation** *(Diagnosis/Treatment/Surgical Opinion)*

☐ **Transfer of Care** *(Indicate condition or problem the specialist is being asked to manage)*

Reason for request; include diagnosis:

Provider Signature

PT.NO

NAME

DOB

Place EPIC Label Within Box

UW Medicine
Harborview Medical Center – UW Medical Center
University of Washington Physicians
Seattle, Washington

UW MEDICINE REFERRAL REQUEST

U2394

UH2394 REV MAR 09

PROGRESS – BLUE