

# Outpatient Referral and Clinical Consultation Form

Instructions: Please complete all sections of this form. This document is designed for print and manual clinical record-keeping.

---

## 1. Patient Information

Patient Full Name:

Date of Birth (MM/DD/YYYY):

Gender:

Contact Phone Number:

Street Address:

Insurance Provider & Policy Number:

## 2. Referring Provider Information

Referring Clinician Name:

Clinic / Facility Name:

Phone Number:

Fax Number:

NPI Number:

## 3. Referral & Consultation Details

Urgency Status (Routine, Urgent, Emergent):

Requested Specialty / Department:

Preferred Specialist (if applicable):

## 4. Clinical Information

Reason for Referral / Chief Complaint:

Primary Diagnosis / ICD-10 Code:

Relevant Medical History & Comorbidities:

Current Medications:

Known Allergies:

---

## 5. Clinical Consultation Report (To be completed by Consultant)

Date of Consultation (MM/DD/YYYY):

Consultant Name & Title:

Clinical Findings & Assessment:

Recommended Treatment Plan:

Consultant Signature: