

HAYSMED

DeBakey Heart Institute
**Request for Consultation, New Patient,
or Self Referral**

2220 Canterbury Drive | Hays, KS 67601 | 785.625.4699 | FAX 785.261.7424

☐ *Consultation*

☐ *New Patient/Self Referral*

Patient Name: _____ Date: _____

DOB: _____ SSN: _____

Phone Numbers Home: _____ Cell: _____ Work: _____

Address: _____
City State Zip Code

Preferred Language: _____ Insurance: _____

Requesting Physician: _____

Physician's Address: _____
City State Zip Code

Phone: _____ Fax: _____

Requested Physician: _____ **or** ☐ **First Available**

Reason for Consultation:

Is the patient a Veteran? ☐ Yes ☐ No If yes, has a request of service (ROS) been sent? ☐ Yes ☐ No

Anticoagulation Therapy (ASA, Plavix, Coumadin, Pradaxa, Xarelto, Heparin, Eliquis, etc.): ☐ Yes ☐ No

Clinics: Please fax the following information with completed form

☐ Demographics/Insurance card

☐ Lab Reports

☐ Pathology Reports

☐ History and Physical

☐ Imaging Reports

☐ Current and Complete Medication List

☐ EKG

☐ Cardiac Imaging Reports

Signature of Person Completing Form

Date/Time

Appointment Date: _____ **Time:** _____ **Location:** _____



Form # CLI 178 Revised 7/13, 10/13, 9/14, 6/15, 2/17, 2/23

DOB: D A/Sdt:

