HAYSMED

Pediatric Center

Request for Consultation, New Patient, or Self Referral

2214 Canterbury Drive, Suite 204 | Hays, KS 67601 | 785.623.2360 | FAX: 785.623.2371

❑ *Consultation* ❑ *New Patient/Self Referral*

Patient Name:_____ Date:_____

DOB:_____ SSN:_____

Phone Numbers Home:_____ Cell:_____ Work:_____

Address: _____

City State Zip Code

Requesting Physician:_____

Physician's Address:_____

City State Zip Code

Phone:_____ Fax:_____

Requested Physician:_____ or ❑ First Available

Reason for Consultation:

_____

_____

Birth Weight:_____ Current Weight:_____ Height:_____

Clinics: Please fax the most recent information with the completed form.

- ❑ Demographics
- ❑ Birth Records
- ❑ Growth Chart
- ❑ Imaging Reports
- ❑ Lab Reports
- ❑ Pathology Reports
- ❑ KanBeHealthy
- ❑ History and Physicial or Visit Notes
- ❑ Current and Complete Medication List

_____ _____

Signature of Person Completing Form Date/Time

Pediatric Center Use Only

Appointment Date:_____ Time:_____ Location:_____

- ❑ Received all pertinent paperwork
- ❑ Holding for provider
- ❑ Faxed patient information

Form # CLI 191 Revised 7/13, 11/15, 1/17

DOB: D A/Sdt: