



Center for Women's Health

Request for Consultation, New Patient, or Self Referral

2214 Canterbury Drive, Suite 210

Hays, KS 67601

785.623.5806

FAX: 785.623.2343

Consultation

New Patient/Self Referral

Patient Name: _____ Date: _____

Date: _____

DOB: _____ SSN: _____

Phone Numbers Home: _____ Cell: _____ Work: _____

Address: _____

City _____ State _____ Zip Code _____

Requesting Physician: _____

Physician's Address: _____ City _____ State _____ Zip Code _____

Phone: _____ Fax: _____

Reason for Consultation:

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

Signature of Person Completing Form

Date/Time

Clinics: Please fax the following information with the completed form.

- Last visit note
- Lab reports from the last year and last pap smear
- All relevant imaging from the last 6 months; if CT completed, will need pelvic US ordered by referring provider
- Current and complete medication list

