

# 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**



Form # CLI 178 Revised 7/13, 10/13, 9/14, 6/15, 2/17, 2/23,  
7/25