

HAYSMED

Medical Specialists

Request for Consultation, New Patient, or Self Referral

2214 Canterbury Drive, Suite 202 | Hays, KS 67601 | 785.623.2312 | FAX 785.623.2323

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:

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

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

- Demographics
- History & Physical
- Current and Complete Medication List

- Lab Reports
- Imaging Reports
- Pathology Reports

Signature of Person Completing Form

Date/Time

