

2214 Canterbury Drive, Suite 204

Hays, KS 67601

785.623.2360

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☐ *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

☐ Imaging Reports

☐ KanBeHealthy

☐ Birth Records

☐ Lab Reports

☐ History and Physical or Visit Notes

☐ Growth Chart

☐ Pathology Reports

☐ Current and Complete Medication List

Signature of Person Completing Form

Date/Time

