

□ EVMS Aesthetic & Cosmetic Plastic Surgery Center

P: 757.557.0300 Norfolk FAX: 757.446.8979

VA Beach FAX: 757.557.0321

□ 5589 Greenwich Road, Suite 100
Virginia Beach, Virginia 23462

□ 825 Fairfax Avenue, Suite 610
Norfolk, Virginia 23507

□ EVMS Dermatology

P: 757.446.5629 Norfolk FAX: 757.446.6000

VA Beach FAX: 757.689.3832

□ 721 Fairfax Avenue, Suite 200
Norfolk, Virginia 23507

□ 1950 Glenn Mitchell Drive, Suite 208
Virginia Beach, Virginia 23456

□ EVMS Ear, Nose & Throat Surgeons

□ EVMS Allergy/Rhinology/Sinus & Skull Base Surgery

P: 757.388.6200 F: 757.388.6201

□ 600 Gresham Drive, 1100 River Pavilion
Norfolk, Virginia 23507

□ 2075 Glenn Mitchell Drive, Suite 310
Virginia Beach, Virginia 23456

□ EVMS Audiology

P: 757.388.6200 F: 757.388.6252

□ 600 Gresham Drive, 1100 River Pavilion
Norfolk, Virginia 23507

□ 2075 Glenn Mitchell Drive, Suite 310
Virginia Beach, Virginia 23456

□ EVMS Hearing & Balance Center

P: 757.388.6200 F: 757.388.6201

□ 600 Gresham Drive, 1100 River Pavilion
Norfolk, Virginia 23507

□ 2075 Glenn Mitchell Drive, Suite 310
Virginia Beach, Virginia 23456

□ EVMS General Otolaryngology

P: 757.388.6200 F: 757.388.6201

□ 600 Gresham Drive, 1100 River Pavilion
Norfolk, Virginia 23507

□ 2075 Glenn Mitchell Drive, Suite 310
Virginia Beach, Virginia 23456

□ EVMS Head & Neck Surgery/Voice & Swallowing Center

P: 757.388.6200 F: 757.388.6201

□ 600 Gresham Drive, 1100 River Pavilion
Norfolk, Virginia 23507

□ 2075 Glenn Mitchell Drive, Suite 310
Virginia Beach, Virginia 23456

□ EVMS Pediatric Ear, Nose & Throat Surgeons

P: 757.668.7708

□ 601 Children's Lane
Norfolk, Virginia 23507

□ EVMS Endocrinology & Metabolic Disorders

P: 757.446.5908 F: 757.446.7055

□ 855 W. Brambleton Avenue
Norfolk, Virginia 23510

□ 1950 Glenn Mitchell Drive, Suite 208
Virginia Beach, Virginia 23456

□ EVMS Geriatrics

P: 757.446.7040 F: 757.446.7049

□ 825 Fairfax Avenue, Suite 445
Norfolk, Virginia 23507

□ EVMS Hospital Medicine

P: 757.446.8920 F: 757.446.7452

□ 825 Fairfax Avenue, Suite 445
Norfolk, Virginia 23507

□ EVMS Infectious Diseases

P: 757.446.8999 F: 757.446.7922

□ 825 Fairfax Avenue, Suite 572
Norfolk, Virginia 23507

□ EVMS Maternal-Fetal Medicine

□ EVMS Campus
825 Fairfax Avenue, Suite 310
Norfolk, Virginia 23507

P: 757.446.7900 F: 757.446.8907

□ Bon Secours Mary Immaculate Medical Center
12720 McManus Blvd, Suite 203
Newport News, Virginia 23602
P: 757.446.7900 F: 757.446.8907

□ Riverside
500 J. Clyde Morris Blvd, Annex Bldg, Suite 200
Newport News, Virginia 23601
P: 757.594.3636 F: 757.594.4310

□ Sentara Princess Anne Hospital
2075 Glenn Mitchell Drive, Suite 500
Virginia Beach, Virginia 23456
P: 757.689.5104 F: 757.689.2717

□ EVMS Neuropsychology

P: 757.446.8400 F: 757.446.8401

□ 721 Fairfax Avenue, Suite 461
Norfolk, Virginia 23507

□ EVMS Obstetrics & Gynecology

P: 757.446.7979 F: 757.624.2241

□ 825 Fairfax Avenue, Suite 310
Norfolk, Virginia 23507

□ 2075 Glenn Mitchell Drive, Suite 500
Virginia Beach, Virginia 23456

□ EVMS Physical Medicine & Rehabilitation

P: 757.446.5915 F: 757.446.5969

□ 721 Fairfax Avenue, Suite 300
Norfolk, Virginia 23507

□ 301 Riverview Avenue, Suite 200
Norfolk, Virginia 23510

□ EVMS Psychiatry & Behavioral Sciences

P: 757.446.5888 F: 757.446.5918

□ 825 Fairfax Avenue Suite 710
Norfolk, Virginia 23507

□ EVMS Pulmonary Medicine

P: 757.446.5758 F: 757.625.0466

□ 855 W. Brambleton Avenue
Norfolk, Virginia 23510

□ EVMS Radiation Oncology

P: 757.388.3483 F: 757.627.0334

□ Sentara Norfolk General Hospital
600 Gresham Drive
Norfolk, Virginia 23507

P: 757.395.8610 F: 757.395.6368

□ Sentara Virginia Beach General Hospital
1060 First Colonial Road
Virginia Beach, Virginia 23454

P: 757.507.0425 F: 757.507.0426

□ Princess Anne Radiation Oncology Center
1950 Glenn Mitchell Drive, Suite 100
Virginia Beach, VA 23456

□ EVMS Jones Institute for Reproductive Medicine

P: 757.446.7100 F: 757.446.7455

□ 601 Colley Avenue
Norfolk, Virginia 23507

□ 2075 Glenn Mitchell Drive, Suite 500
Virginia Beach, Virginia 23456

□ 729 Thimble Shoals Blvd, Suite 5-E
Newport News, Virginia 23606

□ EVMS Sleep Medicine

P: 757.625.0172 F: 757.452.4374

□ 301 Riverview Avenue, Suite 670
Norfolk, Virginia 23510

□ EVMS Sports Medicine

□ 301 Riverview Avenue, Suite 200
Norfolk, Virginia 23510
P: 757.925.2436 F: 757.995.7789

□ 1950 Glenn Mitchell Drive, Suite 208
Virginia Beach, Virginia 23456
P: 757.689.8139 F: 757.995.7789

□ EVMS Surgery

P: 757.446.8950 F: 757.446.8979

□ 825 Fairfax Avenue, 6th Floor
Norfolk, Virginia 23507

□ 1950 Glenn Mitchell Drive, Suite 208
Virginia Beach, Virginia 23456

□ EVMS Surgical Oncology

P: 757.446.8950 F: 757.446.8979

□ 825 Fairfax Avenue, Suite 610
Norfolk, Virginia 23507

□ 1950 Glenn Mitchell Drive, Suite 208
Virginia Beach, Virginia 23456

□ EVMS Urogynecology

P: 757.446.7979 Norfolk/NN FAX: 757.624.2241

Va Beach FAX: 757.689.2717

□ 825 Fairfax Avenue, Suite 310
Norfolk, Virginia 23507

□ 2075 Glenn Mitchell Drive, Suite 500
Virginia Beach, Virginia 23456

□ 729 Thimble Shoals, Suite 5-E
Newport News, Virginia 23606

Referral Urgency: please check one

Standard Urgent (must call)

Location preference (please select one):

Norfolk Princess Anne (Virginia Beach)

Newport News

Patient does not have a location preference

Name of Preferred Physician:

_____ or First Available

Date: _____

Patient request
Referring Physician Information
A separate form is required for each referral

Provider Name: _____ Practice Name: _____

Practice Phone Number: () _____ FAX: () _____

Form completed by _____

Insurance referral and authorization required

| | | | | | |
|-----------------------------|----------------------------------|--|------------------------|-------------|---------------------------------|
| Name: Last First MI | Gender: Male Female | DOB: (month/day/year): | Race/Ethnicity: | Age: | Last four digits of SSN: |
| Address: | | City: | State: | | Zip Code: |
| Phone Number: () | Alternate contact: () | Insurance (name/type copy attached) | | | Policy Number: |

Special Considerations (ex. loss of vision, cultural factors, language barrier, cognitive defects)

Why is the patient being referred? (question/outcome expected)

Case details pertinent to the referral (diagnosis and include co-morbidities)

Expectations for Co-Management

- Consultation for opinion only
- Referral, initiate appropriate treatment, PCP will assume primary management responsibility
- Referral, assume full management of the problem

Appointment (Follow up with referring physician or scheduled time with patient within 48 hours):

- Has been scheduled for (date/time):
- Specialist Office to schedule

We are requesting the following in order to schedule the requested appointment. Please include:

- | | |
|--|--|
| <input type="checkbox"/> Summary of Care/Notes (up to last 3 notes) | <input type="checkbox"/> Specialty Requested Information (per below) |
| <input type="checkbox"/> Imaging results (CT, MRI, scans, ultrasounds, x-rays) | <input type="checkbox"/> Pathology report |
| <input type="checkbox"/> Recent labs | <input type="checkbox"/> Other notes |

OTHER RECOMMENDATIONS/REFERRALS

| |
|--|
| |
| |
| |
| |

| | |
|-------------------|----------------------|
| Follow- up | Next physical |
|-------------------|----------------------|

Additional information required per specialty. Specialties not listed below do not require additional information from above.

Allergy

• The patient will be tested for:

- Allergy Skin Prick Testing-Inhalants (grasses, trees, molds, etc.;
- Allergy Skin Prick Testing – Foods
- Penicillin Testing
- Food Allergy Challenge

(Please refer to testing guidelines sheets for patient instructions prior to testing)

• Post-testing Follow-up or Allergy/Immunology Consult

- Testing only and will follow-up with referring doctor for treatment
- Follow-up with EVMS Allergy for allergy treatment after testing
- Allergy consult and treatment. Testing will be ordered by EVMS Allergy as necessary

Does the patient have a history of severe asthma, COPD, or taking beta blockers? Yes/No

Obstetrics and Gynecology

LMP: _____ EDC: _____ EGA: _____

Is patient carrying multiples? _____

Gravida/Para _____ Blood Type: _____ Weight: _____

Height: _____ Psychiatric disorder: _____

• Physician Referral

- New OB
- Perinatal consult (identify reason) _____
- Preconception consult (identify reason) _____
- Preconception consult – patient with Diabetes
- Pregnancy with DM prior to consult
- Gestational Diabetes Consult: _____ DM diagnose during pregnancy; _____ Class consult (2-3 hrs/no children please)
OGTT results ____/____/____/____/ FBS 1 hr 2 hr 3 hr
Date _____

- Pregnancy transfer of care
- NST AFI (identify location) _____

• Genetics (please check all applicable indications)

- Advanced Maternal Age
- Abnormal Maternal Serum Quad Screen
- Risk for Down Syndrome of 1 in _____
- Risk for Trisomy 18 of 1 in _____
- Risk for Spinal Bifida of 1 in _____
- Family History of _____
- Teratogen Exposure (please list) _____
- Fetal Anomaly Detected
- Other (please specify)fy) _____
- Preconceptional consult for _____

Please indicate if the patient may be interested in amniocentesis

- Definitely yes No
- Undecided/unkown Not Applicable

• Ultrasound

- ECHO Dopplers (indication)
- BPP Amnio
- GYN Ultrasound (if requiring 3D 4D for complex problems, i.e. cancer, please call 757.446.7900
- Viability Morphology
- Growth: ____SGA____LGA
- Twin/triplets: ____? discordance
- Suspected Anomaly AFI
- Bleeding NT Other

Gynecology

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> New GYN | <input type="checkbox"/> Annual GYN Exam | <input type="checkbox"/> Colposcopy | <input type="checkbox"/> Teen Clinic |
| <input type="checkbox"/> BTL Consult | <input type="checkbox"/> New Peds Clinic | <input type="checkbox"/> Abdominal Pail | <input type="checkbox"/> Birth Control Consult |
| <input type="checkbox"/> Enlarged uterus | <input type="checkbox"/> Fibroids | <input type="checkbox"/> Amenorrhea | <input type="checkbox"/> Dysmenorrhea |
| <input type="checkbox"/> Oligomenorrhea | <input type="checkbox"/> Endometriosis | <input type="checkbox"/> Cyst | <input type="checkbox"/> Pre/Post Menopausal Bleeding |
| <input type="checkbox"/> Pelvic Pain | <input type="checkbox"/> STD check | <input type="checkbox"/> Bleeding | |

Physical Medicine and Rehabilitation; fax to 757.446.5969

• Type of Visit

- EMG
- Evaluation
- Procedures
- Psychological Evaluation

• Previous Pain Practice: Yes No

• Date of injury: _____

Claim number: _____

• Name of person giving authorization: _____

• Number of visits: _____

Expiration Date: _____

Physician Liaison: Cherese Parker | parkercc@evms.edu | **Office:** 757.451.6280 | **Cell:** 757.403.4528

Comments: