

□ **EVMS Advanced Minimally Invasive Gynecologic Surgery Center**

P: 757.446.7979 FAX: 757.446.8907

□ **825 Fairfax Avenue, Suite 310**  
Norfolk, Virginia 23507

P: 757.689.5104 FAX: 757.689.2717

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

□ **EVMS Aesthetic & Cosmetic Plastic Surgery Center**

P: 757.446.8960 Norfolk FAX: 757.446.8979

VA Beach FAX: 757.557.0321

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

□ **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**

□ **EVMS General Otolaryngology**

□ **EVMS Head & Neck Surgery**

□ **EVMS Hearing & Balance Center**

□ **EVMS Sinus and 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 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

□ **EVMS Geriatrics**

P: 757.446.7040 F: 757.446.7049

□ **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

□ **Peninsula**

**10852 Warwick Blvd**

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 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: 57.446.5908 F: 757.446.7055

□ **855 W. Brambleton Avenue**  
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

□ **880 Kempsville Road, Suite 2900**  
Norfolk, Virginia 23502

**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\**

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

**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**


<b>Follow- up</b>	<b>Next physical</b>
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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: