

ACTION STEP 3

Sample Referral Processing and Tracking Sheet

Referral Physician Fax: _____
Date: _____
Referring Practitioner: _____
Patient: _____ DOB _____

____ We have scheduled new patient appointment for _____
____ Placed on move up list
____ Appointment NOT scheduled due to _____
____ Patient was NO SHOW ____ Patient cancelled appt due to _____

We need additional information:

____ Clinical Question or Reason for Referral with brief summary of issues
____ Type of Interaction Requested
 ____ Consultation only with Recommendations for management sent back to me
 ____ Co-Management: I prefer to Share the Care for the Referred Disorder(s)
 ____ Co-Management: Please assume Principal Care for the Referred Disorder(s)
 ____ Please have Dr. Greenlee recommend type of interaction best suits this case

____ Additional DATA
 Core Data _____
 Lab _____
 Imaging _____
 Office Notes _____
 Other _____

Thank you,
Care Coordinator for Western Slope Endocrinology