



## Specialty Out-Patient Referral Request Checklist

1. Patient demographics
2. Reason for referral: Please include in letter or in most recent note the **specific clinical question you would like addressed**, including brief summary of the relevant clinical information.
3. Information to include with referral:
  - Active problem list
  - Updated medication list; medical allergies
  - Summary of any significant medical and surgical history not previously specified
  - Summary of any significant family history not previously specified
  - Summary of any significant behavioral habits/social history not previously specified
  - List of providers including care manager (care team)
4. Urgency:
  - Urgent (1-2 days): recommend direct communication with justification
  - Subacute: within 1-2 weeks
  - Routine
5. Categories for Referrals:
  - Pre-visit assistance: (provide contact number)
    - Referral guidelines  
<http://www.affiniahealth.com/providers/physician-referral-guidelines/>
    - Request for guidance whether referral is appropriate
    - Guidance for pre-visit workup
  - Non- face to face consultation:
    - Answer question instead of an office visit- via EHR, text message, or phone. Can be converted to full consult as needed.
  - Consultation (Evaluate and Advise/make recommendations)
  - Consultation with Co-management and shared care (responsibilities clarified)
  - Consultation with Specialist primarily managing the problem