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RNA Consult Request Form

Phone 815-227-8300 Fax 815-227-8301

Consult directions: Please fax this along with the records that have been described below. Once records have been received we will gladly call the patient to set up the appointment. This same form will then be faxed back to the referring office with the pertinent information located at the bottom.

Date _________ Sender's Name ____________________ Phone# _________________

Patient Name:
____
DOB________________
Patient Address
____
____
Home Phone_____________________________
Work Phone______________________________
Cell Phone_______________________________
SSN ____________________________________
Insurance 1 ______________________________
2 ____________________________
Reason for referral:
____
____
Recent Labs: Draw Date__________
BUN_______ **Cr**_______ **K+**_______
Gender_________ **Ethnicity**_______________

Referring MD/DO
____
Address_________________________________
____
Phone___________________________________
Fax ____________________________________
UPIN # ______________ NPI #______________
Is the above Doctor the primary Doctor?
Yes_________ No__________
If No: Primary Care Doctor's
Name___________________________________
Address_________________________________
Phone __________________________________

Please provide the following information if available:
(Please fax info along with referral form)

Most recent History & Physical
Sent _________ Received_________

Most recent Progress notes
Sent _________ Received_________

Past year BMP, Hemogram, Urinalysis
Sent_________ Received_________

ALL Ultrasound/X-Ray of kidneys
Sent_________ Received_________

Medication list (Required)
Sent_________ Received_________

Insurance card(s)
Sent_________ Received_________

Please list any addition information sent along with any special requests.
____
____
____

For RNA office use only

*Spoke w/ Pt*______ Clinic #________
*Date*___________
*Time*___________

*Appt date/time*______________________
*Doctor*______________________________
*Location*____________________________
*Spoke w/referring office*______________
Letter mailed to pt __________________
*RNA staff signature*__________________

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