

(Practice Logo, etc.)

CONSULTATION REQUEST FORM

Date: _____ Patient Name: _____

Requestor/Address/Phone and Fax Numbers:

Reason for Request for Consultation (Statement of Patient's Problem/Condition):

? This is a new patient to our Practice.

? This is an established patient with our Practice with a NEW problem.

POST-ENCOUNTER DOCUMENTATION:

Brief Statement of Consultant's Opinion/Advice for

Requestor: _____

Follow-up

Recommendations: _____

Signature of Consultant

? Separate report and copy of dictation sent to requestor.

Compliments of Dianne Wilkinson