

Referral Guidelines

1. For **INPATIENT** education services, please be guided on the referral criteria below. There is no need to complete this form. Kindly write an "Order" in Allscripts for "Education" and have the charge nurse notify our Patient Educators at 645-5500 ext. 3685.
2. To make a referral for **OUTPATIENT** education services, please complete this form along with a copy of the following information at the time of referral and deliver to Patient Education Resource Room located in IPS Room on 1st floor, next to Cashier:

___ History and Physical
___ Current medication list
___ Diagnostic tests

___ Most recent office notes
___ Problem list

Patient Information

Patient Name: _____ DOB: _____
Address: _____ Home Phone: _____
E-Mail Address: _____ Cell Phone: _____

Referral Information

Referring Provider: _____
Department/ Organization: _____
Phone No: _____
Office Contact Person: _____

Reason for Referral (*Please check all that applies AND list the diagnosis*):

- New Diagnosis: _____
- Has 3 or more chronic conditions: _____
- Recent hospital admission within the last 30 calendar days: _____
- Non-compliance: _____
- Teaching reinforcement as needed: _____
- Others (Please specify): _____

For Patient Educator Use Only

Date Received: _____ Assessment Conducted? _____