

## REFERRAL FORM

**GRMC REFERRAL FORM**  
TEL: (671) 633-GRMC (4762)  
FAX: (671) 969-4874  
EMAIL: refer@grmc.gu



### PATIENT INFORMATION

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_  
PHONE #: \_\_\_\_\_ INSURANCE: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_

### REFERRAL INFORMATION

REFERRING PHYSICIAN: \_\_\_\_\_ ORGANIZATION: \_\_\_\_\_  
PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_

Referral Priority: ☐ Routine (next available date) ☐ Urgent (less than 48 hours) ☐ STAT (Immediately) Please call 671-633-GRMC (4762) to have our operator connect you with a physician  
Preferred Physician (If known): \_\_\_\_\_ DIAGNOSIS/ICD-10: \_\_\_\_\_  
REASON FOR REFERRAL: \_\_\_\_\_

### CARDIOLOGY

☐ CARDIOLOGY ☐ INTERVENTIONAL CARDIOLOGY ☐ HEART FAILURE CLINIC  
PROCEDURES: ☐ Echo ☐ Echo w/ Bubble Study ☐ Echo w/ Lumason ☐ Pacemaker Interrogation ☐ 6-Minute Walk Test  
☐ Treadmill Stress Test ☐ TEE ☐ Zio Patch ☐ Other \_\_\_\_\_

### SURGERY

☐ GENERAL SURGERY PROCEDURES: ☐ Dialysis Access ☐ Endoscopy/Colonoscopy ☐ Minimally Invasive/GI Surgery  
☐ Hernia ☐ Other \_\_\_\_\_

### CANCER

☐ MEDICAL ONCOLOGY ☐ HEMATOLOGY ☐ INFUSION SERVICES ☐ RADIATION ONCOLOGY  
PROCEDURES: ☐ Antibiotic ☐ Blood Transfusion ☐ Chemotherapy ☐ Radiation ☐ Other \_\_\_\_\_

### NEUROSCIENCE

☐ NEUROLOGY ☐ NEUROSURGERY ☐ NEURO & GENERAL INTERVENTIONAL RADIOLOGY  
PROCEDURES: ☐ EEG ☐ Home Sleep Test ☐ Other \_\_\_\_\_

### PULMONOLOGY

☐ PULMONOLOGY  
PROCEDURES: ☐ PFT ☐ CPET ☐ Methacholine Challenge ☐ 6-Minute Walk Test ☐ Airway Clearance  
☐ FENO ☐ Bronchoscopy ☐ Pulmonary Rehabilitation

### REHABILITATION

☐ REHABILITATION  
☐ Physical Therapy ☐ Speech Therapy ☐ Occupational Therapy ☐ Other \_\_\_\_\_

### OTHER SPECIALTY PROVIDERS:

☐ HYPERBARIC/WOUND CARE ☐ INFECTIOUS DISEASE ☐ ORTHOPEDICS ☐ PODIATRY ☐ SPORTS MEDICINE  
Comments: \_\_\_\_\_

REFERRING PHYSICIAN'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_