Eugene Gastroenterology CONSULTANTS, P.C.

PATIENT REQUISITION FORM

Fax # (541) 685-5920
Phone # (541) 868-9500

FIRST NAME: _____ MI: _____ LAST NAME: _____

ADDRESS: _____

GENDER: ☐ MALE ☐ FEMALE DATE OF BIRTH (OVER 18 YRS ONLY): _____ SOCIAL SECURITY #: _____

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____

REFERRING PROVIDER: _____ PHONE: _____ FAX: _____

PCP NAME: _____ PHONE: _____ FAX: _____

PRIMARY INSURANCE: _____ ID #: _____ GROUP #_____

SECONDARY INSURANCE: _____ ID #: _____ GROUP #_____

DOES PATIENT'S INSURANCE REQUIRE A REFERRAL? ☐ YES (PLEASE PROCESS AND SEND WITH THIS FORM) ☐ NO

Referral will NOT be processed until all required information is sent

RECORDS

MEDICAL RECORDS ARE REQUIRED! WE CANNOT PROCESS THE REFERRAL WITHOUT THEM.

HAS THE PATIENT HAD ANY OF THE FOLLOWING? IF YES, RECORDS **MUST** BE INCLUDED.

PROCEDURES

COLONOSCOPY/EGD
☐ YES (RECORDS INCLUDED) ☐ NO

WERE BIOPSIES TAKEN?
☐ YES (PATHOLOGY REPORT INCLUDED, SEPARATE FROM PROCEDURE RECORDS)
☐ NO

IMAGING
☐ YES (RECORDS INCLUDED) ☐ NO

LABS
☐ YES (RECORDS INCLUDED) ☐ NO

DEMOGRAPHICS
☐ YES (ATTACHED) ☐ NO

RECORDS LOCATED: ☐ ATTACHED ☐ MAILED ☐ PEACEHEALTH EMR ☐ NSC EMR ☐ OMG EMR

PRIORITY

☐ NEXT AVAILABLE (NON-URGENT) ☐ URGENT (1-2 WKS) – REQUIRES DIRECT PROVIDER TO PROVIDER COMMUNICATION

PROVIDER

☐ FIRST AVALABLE MD OR NP/PA (USUALLY RESULTS IN EARLIER APPOINTMENT TIMES)
☐ MD ONLY – NO NP/PA PLEASE (IF MD ONLY OR A SPECIFIC PROVIDER ARE SELECTED, ANTICIPATE LONGER WAIT TIME FOR APPOINTMENT)

☐ PETER KAY, MD OR NP/PA
☐ WILLIAM WU, MD OR NP/PA (PROCEDURES ONLY)
☐ DONALD YANG, MD OR NP/PA
☐ JONATHAN GONENNE, MD OR NP/PA
☐ SHANE MILLS, MD OR NP/PA
☐ DAVIS SIM, MD, PHD OR NP/PA

☐ JUBEEN MOAVEN, MD OR NP/PA
☐ TERRENCE LEE, MD OR NP/PA
☐ NATHAN HOLMAN, MD OR NP/PA
☐ PAGE CRENSHAW, FNP
☐ AMY LITTLEJOHN, PA-C
☐ MALLORY FILLMORE, PA-C

REASON FOR EVALUATION

SYMPTOMS WARRANTING REFERRAL OR REASON FOR EVALUATION AND MANAGEMENT BY EUGENE GASTROENTEROLOGY CONSULTANTS. PLEASE BE AS SPECIFIC AS POSSIBLE, WITH AS MUCH DETAIL AS AVAILABLE REGARDING SYMPTOMS, SIGNS, TEST RESULTS, AND PRIOR EVALUATION.

COMMENTS: _____

CONTACT PERSON: _____ PHONE #: _____ DATE: _____

07/23/19 ke

To print the most current form, go to www.eugenegi.com