

Specialty Referral Request Checklist:

(This information can be communicated through any of several means including a paper-based referral form, detailed clinical note from last appointment or abstraction from an Electronic Medical Record)

- Patient name and demographics.
- Contact person (if not the patient) and appropriate numbers.
- Any special considerations required such as loss of vision, hearing loss, language preference, cognitive deficits, or cultural factors.
- Insurance company name/type of coverage.
- Referring provider name and contact information including number for direct contact for urgent issues (could be a specified staff person, physician cell phone or back office line).
- Indicate if urgent or routine (if urgent please call or directly contact the physician or referral coordinator for the specialty practice).
- Indicate type of referral requested:
 - _____ **Pre-visit Preparation/Assistance**
 - _____ **Consultation (Evaluate and Advise)**
 - _____ **Procedure**
 - _____ **Please assume Co-Management with Shared Care***
 - _____ **Please assume Co-Management with Principal Care****
 - _____ **Please assume full responsibility for complete transfer of all patient care**
- Provide detailed reason for referral, including the clinical question you want answered and a brief summary of case details pertinent to the referral including significant co-morbidities.
- Attach core data set/ clinical summary / continuity care record (reconciled problem list with chronic conditions, medication list; medical allergies; pertinent surgical history, family history, habits/social history; list of providers (care team); advance directive; current care plan).
- Attach pertinent data including office notes or care summaries, lab and imaging results, or anything else felt to be helpful to the evaluation and /or management of the patient (i.e., data showing a pattern over time provided in an organized manner).
- Ensure patient is aware of and in agreement with the referral. Ask patient to call for appointment or let specialty practice know if special scheduling arrangements are required.

*Shared care indicates that the care of the referred patient for a specified condition or set of conditions is shared between the PCMH and the Neighbor with the PCMH assuming responsibility for most or all of the elements of care for the specified condition, unless other arrangements agreed upon.

**Principal care indicates that the care of the referred patient for a specified condition or set of conditions is managed by the Neighbor with assumption of the elements of care for that condition, unless other arrangements or agreed upon.

Referral Response Critical Elements Checklist*:

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Patient Name: _____ Date Of Birth: ____/____/____
Referring Provider: _____ Specialist's Name/Practice: _____

Reason for Referral/Clinical Question: _____

- Acknowledge acceptance of referral and indicate any recommended changes in referral type and why (i.e., requested consultation but actually need "Shared Care" for this problem).
- Diagnoses (include confirmed, new, changed or suspected diagnoses as well as any ruled-out diagnoses pertinent to the reason for referral/clinical question).
- Secondary Diagnoses (include any new identified or suspected disorders not directly related to referred disorder but which may need further evaluation and/or management. Clarify who should take primary responsibility for that follow up).
- Medication changes (include new medications, samples provided, changes in dosage or form (i.e., solid to liquid), and any medications discontinued. Indicate whether any changes have already been instituted or need to be instituted by PCMH).
- Equipment changes (include new, changed or discontinued items and indicate whether any changes have already been instituted or need to be instituted by PCMH).
- Diagnostic testing (include results of testing already completed, tests that have results pending and tests that have been scheduled and clarify whether Neighbor or PCMH needs to follow up).
- Patient Education (include education completed, scheduled or recommended as well as patient information provided)
- Procedures (include procedures completed with results/outcomes; list other procedures scheduled/recommended)
- Referrals: (include other referrals completed, scheduled or recommended and reason for those referrals)
- Follow up (list any further follow up that is recommended with specialist or PCMH, specify time frame and indicate whether that has already been scheduled or not).
- Indicate any special requests or other recommendations:

*The above should be presented as a stand-alone document or as the first page of a complete response note that includes a history and physical (H&P), full evaluation and other relevant information. This should reach the referring and other pertinent providers that are part of the patient's care team, in a timely fashion, such as within one week of the referral visit if not sooner.

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