**Hematology/BMT REFERRAL FORM**

**Please Schedule (select all that apply):**
- [ ] Urgent
- [ ] Routine
- [ ] Referring physician called, Date/Time: __________________________
- [ ] Appointment with Specific Physician listed: __________________________
- [ ] First Available with any Physician

**Referring Provider's Name:**

<table>
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<tr>
<th>Phone:</th>
<th>Fax:</th>
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**Type of REFERRAL**

- [ ] Evaluation consultation with treatment referral recommendations that primary care physician will continue to follow
- [ ] Evaluation consultation with assumed care for this Condition: __________________________
- [ ] Evaluation consultation with treatment recommendations and shared care.

- [ ] Specialist to Specialist*—Secondary
- [ ] Other (designate) __________________________

**Patient Full Legal Name:**

- [ ] Patient aware of reason for referral? [ ] Yes [ ] No: Explain __________________________

**Ashley’s Team**

- [ ] Referral Accepted? [ ] Yes [ ] No - Reason: __________________________

**Request for additional supporting clinical information (please detail):**

- [ ] Patient refused scheduling [ ] Patient prefers a later date

**Date & Time:** __________________________

**GENERAL INFORMATION**

- [ ] Please include recent labs, pertinent imaging reports, medication list, problem list, allergies, and relevant clinical notes. **

**Patient considered for urgent care?** [ ] Yes [ ] No - Reason: __________________________

**Referral Confirmation** (Internal MHP Use Only)

**Records Triaged by:** __________________________

**Referral Accepted?** [ ] Yes [ ] No - Reason: __________________________

**Time Frame patient needs to be seen:** __________________________

**Request for additional supporting clinical information (please detail):** __________________________

**Appointment Scheduled with:** __________________________

**Patient refused scheduling** [ ] Yes [ ] No - Reason: __________________________

**Patient prefers a later date** [ ] Yes [ ] No - Reason: __________________________

**Updated 03/04/2019**
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<th>Person completing confirmation:</th>
<th>Date of Confirmation:</th>
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Updated 03/04/2019