

Thank you for referring your patient to our Endocrinology Clinic. To better evaluate the patient during his or her initial visit, we are requesting that you complete and fax this form back to us along with copies of records and information listed below.

Date of Referral: ____/____/____

Referring Physician: _____	Practice Name: _____
Phone #: _____	Fax #: _____
Address: _____	
Contact Person: _____	

PATIENT INFORMATION

Name: (Last) _____ (First) _____ (MI) _____

DOB: ____/____/____ Social Security #: _____

Address: _____

Home #: _____ Cell #: _____ Work #: _____

Diagnosis: _____

PATIENT INSURANCE INFORMATIONInsurance Co. Name: _____ **HMO** or **PPO** (Please circle.)

Policy ID #: _____ Group #: _____

Subscriber's Name: _____ DOB: ____/____/____ SS #: _____

Please attach a copy of the patient's card.**DOCUMENTS NEEDED**

- Documentation of diabetic education (mandatory) for diabetic patients
- Referral letter
- Last progress note
- Current labs
- Scans / X-ray pathology reports

Referrals over 20 pages need to be mailed (not faxed) to:WVU Section of Endocrinology
Health Sciences Center
1 Medical Center Drive
PO Box 9159
Morgantown, WV 26506-9159