

## New Patient Referral Form

DATE REFERRAL RECEIVED: \_\_\_ / \_\_\_ / \_\_\_

Phone: 865-305-6175

Fax: 865-305-3488

Referring office please include the following to ensure your patient is scheduled in a timely manner.

University Infectious Diseases Clinic  
1932 Alcoa Hwy.,  
Building C, Suite 580  
Knoxville, TN 37920

**Copies of insurance cards, Medication list, Most recent office notes, Lab and/or diagnostic testing pertaining ONLY to the DX of the patient.**

If these documents are not submitted the referral may not be accepted OR could delay the scheduling process.

## Referring Physician

Date: \_\_\_ / \_\_\_ / \_\_\_ Office Contact: \_\_\_\_\_ Referring Physician: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Fax: \_\_\_\_\_ Patient's PCP: \_\_\_\_\_

## Patient Information

Patient name: First: \_\_\_\_\_ M / I \_\_\_\_\_ Last: \_\_\_\_\_ DOB: \_\_\_ / \_\_\_ / \_\_\_

SS Number: \_\_\_ - \_\_\_ - \_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_ - \_\_\_ - \_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Insurance: \_\_\_\_\_ Secondary Insurance: \_\_\_\_\_

Referral Needed? ☐ Yes ☐ NoDoes the patient need an interpreter (Spanish, ASL, French, etc.)? ☐ Yes ☐ No

REASON FOR CONSULT: \_\_\_\_\_ No Diagnosis Codes Accepted

If you are referring a patient for Hep C, please ensure all the labs are done on the second page of this referral and faxed to our office with the referral.

We do not treat/manage HIV patients. You may send them to the Knox County Health Department.

If you are referring a patient for Latent TB, please ensure there is an up-to-date CXR that is attached to the referral.

Appointment date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_\_ ☐ AM ☐ PMProvider: ☐ Shorman ☐ Vincent ☐ Singh ☐ Walker ☐ Wang Faxed: \_\_\_ / \_\_\_ / \_\_\_

Please inform your patient of their appointment time/date. Please tell them to bring their insurance card, ID, pharmacy card and medication list with them to the appointment. Your patient is notified by mail of their appointment with a new patient packet they are asked to fill out and bring with them completed to the appointment. If the patient does not receive the packet, they can come 10-15 minutes early to fill it out. If the patient is more than 15 minutes late, we will ask them to reschedule their appointment.

Please feel free to fax any other documentation leading up to their appointment that would be beneficial to the visit to 865-305-3488 ATTN: Haley Wilson