



FAX REFERRAL FORM

DATE: _____ CONTACT: _____

EMAIL: online_appointments@semmes-murphey.com REFERRING MD: _____

FAX: 901.259.2034 PHONE: _____

PHONE: 901.522.7700 FAX: _____

Patient Name: _____ DOB: _____ PHONE #: _____

Address: _____

Primary Insurance: _____ ID#: _____

Secondary Insurance: _____ ID#: _____

Has the patient had imaging related to the issue? <i>(Patient must bring CD of imaging to appointment.)</i>	YES	NO	Date of Imaging: _____
Is the patient's issue related to a (MVA) Motor Vehicle Accident?	YES	NO	Date of MVA: _____
Is there or could there potentially be a (WCC) Worker's Compensation Claim?	YES	NO	Date of Injury: _____
Does the patient have an attorney related to the issue?	YES	NO	
Has the patient had previous spine surgery?	YES	NO	Date of prior surgery: _____ Name of previous surgeon: _____
Is this an URGENT request?	YES	NO	Comments: _____
<u>STROKE / TIA REFERRAL PATIENTS ONLY:</u>			
Was the patient hospitalized?	YES	NO	Date of Stroke/TIA: _____
Has the patient been seen by a provider for Stroke/TIA?	YES	NO	Date and Where: _____
Has the patient had? Please give dates. <i>(Patient must bring CD of imaging to appointment.)</i>	YES	NO	Provider Name: _____
Results of the imaging?			MRI: _____ MRA: _____ CT: _____ CTA: _____ ECGO(TTE): _____ TEE: _____ LIPID PANEL: _____ HgbA1c: _____ HYPERCOAGUABLE PANEL: _____ HOLTER MONITOR: _____ 30 DAY HEART MONITOR: _____

First Available: _____ or Requested Semmes Murphey Provider: _____

****Note: Patients may be scheduled with an advanced practice provider when diagnostic studies are needed****

Preferred Office Location: _____ Second/Third+ Opinion: _____

Diagnosis/Reason for Referral/Current Symptoms: _____

Please attach a demographic sheet, copy of health insurance card (carrier/ID), treatment notes and imaging reports.

CONFIDENTIALITY NOTE: THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS LEGALLY PRIVILEGED AND CONFIDENTIAL INFORMATION INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION, OR COPYING OF THE TELECOPY IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS TELECOPY IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE.