

**WakeMed Urology:** *(Please check specific practice for referral)*



- Cary | Phone 919-350-1570 | Fax 919-854-7842
- Fuquay-Varina Medical Park | Phone 919-350-1570 | Fax 919-235-1067
- Garner | Phone 919-350-1570 | Fax 919-350-9809
- Morrisville | Phone 919-350-1570 | Fax 919-341-3028
- North Raleigh | Phone 919-350-1570 | Fax 919-350-1606
- Oberlin | Phone 919-350-1570 | Fax 919-235-1332
- Raleigh Medical Park | Phone 919-350-1570 | Fax 919-790-0108
- Wake Forest Medical Park | Phone 919-350-1570 | Fax 919-350-1670

Please visit [www.wakemed.org/wakemed-physician-practices/specialties/urology](http://www.wakemed.org/wakemed-physician-practices/specialties/urology) for provider information and practice address.

If you want this patient scheduled with a specific provider, please note with whom: \_\_\_\_\_

**REQUEST FOR CONSULTATION**

**PATIENT DEMOGRAPHIC INFORMATION**

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender:  M  F Race: \_\_\_\_\_

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

Phone *(Please circle preferred number)* Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

Does patient/family need an interpreter?  No  Yes If yes, please specify language \_\_\_\_\_

**INSURANCE INFORMATION**

Insurance Name: \_\_\_\_\_

Policyholder's Name: \_\_\_\_\_ Policyholder's Date of Birth: \_\_\_\_\_

Insurance Phone: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Medicaid Authorization NPI: \_\_\_\_\_ Authorized Number of Visits: \_\_\_\_\_

**REFERRAL INFORMATION**

Reason for Referral: \_\_\_\_\_

\_\_\_\_\_

Pertinent History: \_\_\_\_\_

\_\_\_\_\_

Symptoms: \_\_\_\_\_

**REFERRING PHYSICIAN INFORMATION**

Name: \_\_\_\_\_

Practice Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name of Person completing this form: \_\_\_\_\_

**Please include with referral (all that are applicable)**

- History/Office Notes
- Labs
- Imaging Studies (patient should bring films or CD)
- Other pertinent medical records

***Thank you for referring your patient to WakeMed - Urology***