



Nephrology Referral Form

Date: ___/___/___

To begin our assessment the following information is **required**. Please use the form to ensure **ALL REQUIRED** documents are received. Please send the patient's records and demographics (**including a copy of driver's license and insurance card**). The required information and financial clearance must be received **before referrals are processed**. Please fill out form entirely. **Any incomplete or missing information will result in the referral being delayed.**

Patient Information : Name (Mr/Mrs, First-middle-last, Jr/Sr) : _____

Language: _____ Race: _____ Ethnicity: _____ Gender: M F SSN#: _____

Address: _____ City _____ State _____ Zip _____

Phone#: (_____) _____ DOB: _____ Age: ____

Reason for referral: _____ **Diagnosis:** _____

******REQUIRED CLINICAL INFORMATION TO PROCESS THIS REFERRAL******

- Lab results for the last 3-6mos / or any labs available
- Urinalysis, 24hr urine test results & urine Protein/Creatinine ratio results
- Diagnostic tests related to the kidney (MRA, MRI, US, CT scans, etc)
- H & P
- List of current medications
- Recent progress notes (for the past 3 months)
- Hosp D/C Summaries (last 6 months)
- Renal Function Tests (Ex: CMP, BMP)

Referring MD: _____ **Specialty:** _____

Address: _____ City _____ State _____ Zip _____

Phone #: (_____) _____ FAX #: (_____) _____ Contact Person: _____

PCP: _____ **Address:** _____

Phone# (_____) _____ FAX#(_____) _____

Insurance Information: If patient has HMO plan, they must provide copy of referral authorization prior to first appointment.

Insurance Co #1: _____	Insurance Co #2: _____
Insured: _____	Insured: _____
Insured DOB#: _____	Insured DOB#: _____
Policy#: _____	Policy#: _____
Group#: _____	Group#: _____
Phone# _____	Phone# _____

Has the insurance company been notified of referral? YES NO Authorization #: _____

PLEASE FAX INFORMATION TO: TGMG Case Management Department
409 Bayshore Blvd Tampa, FL 33606
Phone: (813) 844-5512
Fax#: (813) 844-1921

FOR OFFICE USE ONLY

MR#: _____

Referral#: _____

Comments:

