**St. Vincent de Paul Virginia G. Piper Medical Clinic**
**Phone: 602.261.6825 Fax: 602.261.6816**

**420 W. Watkins Road**
**Phoenix, AZ 85003**

## REFERRING CLINIC INFORMATION

**CLINIC:** _____ **PROVIDER:** _____
**PHONE:** _____ **FAX:** _____

## PATIENT INFORMATION

**PATIENT NAME:** _____ **DOB:** _____
**LANGUAGE:** _____ **PHONE:** _____

***PEDIATRIC SERVICES AVAILABLE ONLY FOR THESE SPECIALTIES**

- ☐ Acupuncture
- ☐ *****Allergy/Immunology/Asthma
- ☐ *Audio/Cognition
- ☐ Cardiology (No Surgery/Cath)
  - ☐ Echo
  - ☐ Holter
- ☐ *****Dermatology
- ☐ Diabetes Self-Management Education
- ☐ Prediabetes Education
- ☐ Endocrinology
- ☐ *****ENT (No Vertigo Cases)
- ☐ General Surgery
- ☐ GI (No hemorrhoids, No Scopes)
- ☐ *****Gynecology (No Family Planning)
- ☐ Infectious Disease
- ☐ Nephrology
- ☐ Neurology (No EEGs)
  - ☐ EMG
- ☐ *****Orthopedic and Sports Medicine
- ☐ *Ophth/Optomery (No Surgeries)
  - ☐ DM Rethinopathy Screening- Last A1C: _____
- ☐ PAP Smear/WWE- Last Pap Dates: Circle One
  - ☐ Date: _____ Normal Abnormal
  - ☐ Date: _____ Normal Abnormal
- ☐ *****Pediatrics
- ☐ *****Podiatry
- ☐ Psychiatric
- ☐ Pulmonology
  - ☐ Sleep Study
- ☐ Rad Oncology (Radiation ONLY)

Radiology Services

- ☐ Del E Webb Xray Clinic
- ☐ Screening Mammogram
- ☐ *****Richardson Ultrasound Clinic
- ☐ Speech/Swallow

Rehabilitation Services

- ☐ Occupational Therapy
- ☐ Physical Therapy
- ☐ *Rheumatology
- ☐ Vein/Vascular Surgery
- ☐ *****Urology
- ☐ Wound

***SUMMARY OF CARE AND REASON OF REFERRAL**

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***REQUIRED TO INCLUDE: MOST RECENT PERTINENT NOTES, LABS & IMAGING**