

## Model Specialty Out-Patient Referral Response Checklist\*

*(This information can be communicated through any of several means including a paper-based referral response form, detailed clinical note from last appointment or abstraction from an Electronic Medical Record)*

Patient Name: \_\_\_\_\_ Date Of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Referring Provider: \_\_\_\_\_ Specialist's Name/Practice/Contact information: \_\_\_\_\_

Date of Referral Visit \_\_\_\_\_

Reason for Referral/Clinical Question: \_\_\_\_\_

- Diagnoses (include confirmed, new, changed or suspected diagnoses as well as any ruled-out diagnoses pertinent to the reason for referral/clinical question)
- Secondary Diagnoses (include any new identified or suspected disorders not directly related to referred disorder but which may need further evaluation and/or management. Clarify who should take primary responsibility for that follow up)
- Medication changes (include new medications, samples provided, changes in dosage or form (i.e., solid to liquid), and any medications discontinued. Indicate whether any changes have already been instituted or need to be instituted by PCMH)
- Equipment changes (include new, changed or discontinued items and indicate whether any changes have already been instituted or need to be instituted by PCMH)
- Diagnostic testing (include results of testing already completed, tests that have results pending and tests that have been scheduled and clarify whether Neighbor or PCMH needs to follow up)
- Patient Education (include education completed, scheduled or recommended as well as patient information provided)
- Procedures (include procedures completed with results/outcomes; list other procedures scheduled/recommended)
- Referrals: (include other referrals completed, scheduled or recommended and reason for those referrals)
- Follow up (list any recommended change to the referral type (e.g. consultation to shared care or "first call" responsibility for condition; further follow up that is recommended with specialist or PCMH (specify time frame and whether scheduled))
- Indicate any special requests or other recommendations:

\*The above should be presented as a stand-alone document or as the first page of a complete response note that includes a history and physical (H&P), full evaluation and other relevant information. This should reach the

referring and other pertinent providers that are part of the patient's care team, in a timely fashion, such as within one week of the referral visit if not sooner.

SAMPLE