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CONSULTATION REQUEST FORM for Use by Referring Physicians

Patients can access most information they need about us by visiting www.idconsultants.org

Patient Demographics

Patient's Name: _____ DOB: _____

Address: _____ SSN: _____

Home #: _____ Cell #: _____ Work #: _____

Insurance Information

Insurance Information: _____

Policy #: _____ Group #: _____

- Please include a legible front and back copy of insurance card(s) for verification purposes.

Requesting Physician Information

Requesting Physician: _____ NPI: _____

Requesting Group Name & Phone Number: _____

Contact Person: _____

For Appointment

Patient will be seen in Consultation for: _____

Patient is being referred for management or treatment of: _____

Patient's Last Appt Date (in your office) was on : _____

- Please provide copies of records, including most recent office note, surgical reports, labs, cultures, x-rays or anything else pertinent to patient condition.
- Once all of the above information is received, an appointment will be made as soon as possible. We will notify both the patient and the contact person at your office with the appointment information.

*** For patients diagnosed with HIV, please note that due to access issues with medications, we are only able to assist patients with commercial insurance. If the patient has Medicare, Medicaid or is self-pay, please refer the patient to the Health Department of the county in which s/he resides.