VANCOUVER CLINIC

700 NE 87th Avenue, Vancouver, WA 98664
Ph: (360) 882-2778 | Fax: (360) 604-1725

# Consultation Worksheet

Referred to: Department

☐ First available provider Specific provider: _____

Referring Provider _____ Clinic Name _____

Phone _____ Fax _____ Contact Name _____

Diagnosis/Symptoms

☐ Consultation ☐ Second Opinion ☐ Transfer of Care

Patient Name _____

DOB _____ Phone (home or cell) _____ Phone (work) _____

Insurace Name _____ Subscriber _____

Ins Billing Address _____

Diagnosis and Procedure Codes _____

Autorization Number _____ Auth Date Range _____

Please fax to (360) 604-1725. Your patient will be contacted by our office to schedule an appointment if they do not already have one. Please include:

- Chart notes
- Lab
- CT scans, ultrasounds, x-rays, etc.
- Any and all tests or procedures pertaining to diagnosis
- Demographics
- Current medication list
- Problem and allergy list
- Insurance information and authorization, if required