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NEW PATIENT REFERRAL FORM



TODAY'S DATE

OFFICE LOCATION (choose IF preference)
TORRINGTON
PLANTSVILLE

WATERBURY
CHESHIRE

SOUTHBURY

NEXT AVAILABLE

* 5 Convenient Locations Central -Northwest CT

PATIENT INFORMATION						
PATIENT NAME:	DATE OF BIRTH:	HOME PHONE:		CELL PHONE:		
PRIMARY CARE/ REFERRING PHYSICIAN						
REFERRING PROVIDER:	NPI#	PRIMARY CARE PROVIDER:		NPI#		
REFERRAL INFORMATION						
REASON FOR REFERAL (clinical question) TYPE OF SERVICE REQUIRED:						
CONSULT ONLY (EVALUATE & ADVIS						
IMPORTANCE: Routine (3-4 weeks) Urgent (24-72 hours)						
PRECAUTIONS/ SPECIAL INSTRUCTIONS 24 HOUR BP MONITORING						
INFORMATION NEEDED-WITH REFERRAL						
(Any missing information may cause a delay in scheduling)						
*** PLEASE FAX THE FOL	WATERBURY, CHESHIRE, PLANTSVILLE, SOUTHBURY					
INFORMATION ALONG WITH THIS REFERRAL		203-597- 9732 (FAX) TORRINGTON OFFICE				
FORM ***						
				-2195 (FAX)		
 DEMOGRAPHICS & INSURANCE 	CE	o RECEN	OFFICE NO	DTE(S)		
 MEDICATION LIST 		○ RECEN ⁻	LAB TESTS	– INCLUDING URINE, CR		
 ANY RELEVANT DIAGNOSTIC T 	EST RESULTS – CT	 HISTOR 	IC LABS TES	ST – CREATININE LEVEL > 6-12		
SCAN, MRI, ULTRASOUND	MOS, LITHOLINK RESULTS, TREND LABS					
Thank you for your confidence in our team. We are excited to work with your office to make the						

Thank you for your confidence in our team. We are excited to work with your office to make the patient's experience and care exceptional. Thanks again.

If you do not receive the Consult note within 2 weeks of initial visit, please reach out to our office to ensure we have the correct information to fax or address to.

Torrington office: p (860) 489-1984 f (860) 496-2195

Waterbury, Southbury, Plantsville, Cheshire offices: p (203) 597-9733 f (203) 597-9732