Specialty Out-Patient Referral Request Checklist

*(This information, which is recommended to be included **with all referrals**, can be communicated through any of several means including a paper-based referral form, detailed clinical note from last appointment or a template within the Electronic Medical Record)*

1. **Patient demographics and scheduling information**
   - **a.** Patient name, demographics, and contact information (including surrogate if appropriate)
   - **b.** Considerations that may require special arrangements by the consultant such as severe vision or hearing loss, non-English language preference, cognitive deficits, cultural factors, preference regarding who to include in treatment planning etc.
   - **c.** Insurance company name/type of coverage
   - **d.** Referring provider name and contact information (including method for direct contact for urgent issues)
   - **e.** Indicate that patient (or surrogate) understands and agrees with the purpose of the referral.
   - **f.** If a face-to-face appointment is requested, indicate whether: (Choose one)
     _____ the patient will call to schedule an appointment
     _____ the specialty practice should contact the patient
2. **Referral information**
   - **a.** Indicate the specific clinical question including a brief summary of the most relevant clinical information as it relates to your overall care plan.
   - **b.** Urgency: (Choose one)
     _____Urgent: (local definition; often 1-2 days) Recommend direct communication between referring and referral practice; Minimally provide written justification for urgency
     _____Subacute (local definition; often 1-2 weeks)
     _____Routine
   - **c.** Pending subspecialist/specialist evaluation, the anticipated referral-type is: (Choose one)
     _____ Previsit Advice *
     _____ Non Face-to-Face (information-only) consultation **
     _____ Consultation (Evaluate and Advise, with the goal to managing the problem remaining with the referring clinician)
     _____ Procedural Consultation
     _____ Co-Management with Shared Care (Referring clinician (e.g. PCP) maintains first call for the referral disorder) ***
     _____ Co-Management with Principal Care (Referred to subspecialist/specialist assumes first call for the referral disorder) ****
     _____ Please assume Full Responsibility for Complete Transfer of all Patient Care
   - **d.** Pertinent Data Set**:** Clinical information **directly relevant** to the referral question. May include results of recent office visit; care summaries; relevant lab and imaging data and/or specific clinical information requested by the referred to specialty/subspecialty practice prior to the consult. ***Please refer to the pertinent data set recommendations for select specific conditions developed by medical societies that participated in the***

American College of Physicians' High Value Care Coordination (HVCC) project available at http://hvc.acponline.org/physres_data_sets.html

3. **Patient's Core (general) data set: (*Should be included with all referrals* as an aspirational goal):**
   - **a.** Active problem list
   - **b.** Updated medication list; medical allergies
   - **c.** Summary of any significant medical and surgical history not previously specified
   - **d.** Summary of any significant family history not previously specified.
   - **e.** Summary of any significant behavioral habits/social history not previously specified.
   - **f.** List of providers (care team)
4. **Care Coordination**
   - **a.** Referring practice requests notification from the specialty practice of the following: (circle any applicable)
     - Receipt of the referral
     - Date of scheduled appointment
     - Decision to defer appointment and reason why
     - Patient cancellation or no-show for the appointment
   - **b.** Referrals made from one non-primary care specialty to another (e.g. secondary referrals) are advised to include the notification of the patient's primary care clinician with patient consent.

*Previsit Advice--- previsit preparation or assistance which can take place before any type of referral can include establishment of referral guidelines; request for guidance regarding whether referral is to appropriate subspecialty/specialty; and guidance for pre-visit work-up. If referring and referred to practice have an on-going relationship, best to handle these issues through a formal care coordination agreement.

**Non Face-to-Face consultation: An information-only exchange intended to address a discrete question in lieu of an office visit. Depending upon the organization, these may be electronic, phone, or video-based exchanges between the referring provider and the subspecialist/specialist. Non face-to-face consultations should allow the subspecialist/ specialist to convert the request to an office consultation for reasons of case complexity.

***Shared care indicates that the care of the referred patient for a specified condition or set of conditions is shared between the referring clinician and the subspecialist/ specialist with the referrer assuming responsibility for most of the elements of care for the specified condition, unless other arrangements agreed upon.

**** Principal care indicates that the care of the referred patient for a specified condition or set of conditions is managed by the subspecialist/specialist with assumption of the elements of care for that condition, unless other arrangements are agreed upon.