**SWEDISH DIGESTIVE HEALTH INSTITUTE**
Arnold Pavilion | 1221 Madison St Suite 1220 | Seattle, WA 98104
**T** 206-215-8178 **Toll Free** 1-855-411-MyGI (6944) **F** 206-215-3525
digestivehealth@swedish.org | www.swedish.org/digestive

SWEDISH | HEALTH FOR GOOD

# REFERRAL INTAKE FORM

(To be completed by referring provider)

Date:

| **Referring Provider** | |
|---|---|
| Referring Provider Name: | Patient's PCP |
| Clinic: | Clinic Contact: |
| Phone: | Fax: |
| Email: | Is this a self-referral? Yes No |

| **Patient Information** | | | |
|---|---|---|---|
| Name: | | | Female Male |
| DOB: | Home Phone: | | Cell Phone: |
| Address: | City: | State: | Zip: |
| Interpreter Needed? Yes No | Language: | | Work Phone: |
| Primary Ins: | Subscriber: | | Secondary Ins: |
| ID: | Subscriber DOB: | | ID: |
| Group: | SSI Subscriber: | | Group: |

| **Referral Details:** | |
|---|---|
| Diagnosis: | Symptoms: |
| Urgency: Emergent 1 week 2 weeks Next Aval Appt | |
| Provider Preference? | First Available Provider: |
| Diagnostics required: | |
| Contact/Calls: | |

Fax this form along with the following documents to Swedish Digestive Health Institute **206-215-3525**
**√H&P Referral Dictation √Medication/Allergy List √GI Procedure Reports √Lab Results √Path Report √EKG √Rad Reports: CT, MRI, US, HIDA, Chest x-ray**