



West Monroe Office

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West Monroe, LA 71291

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Monroe Office

611 Grammont St.  
Monroe, LA 71201

Ph.: 318.325.2634 Fax: 318.325.0717

Ruston Office

411 E. Vaughn Ave. Ste. 202  
Ruston, LA 71270

Ph.: 318.232.7080 Fax: 318.325.0717

**Consultation/Procedure/Transfer of Care Referral Form**

Please complete and send with faxed referrals

Date: \_\_\_\_\_ Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

Home/Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Primary Ins: \_\_\_\_\_ Secondary Ins: \_\_\_\_\_

Referring MD: \_\_\_\_\_ Nurse/Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

- Provider Preference:** \_\_\_ Dr. Hinkle      \_\_\_ Kathryn LaBorde, NP      \_\_\_ **First Available**  
 \_\_\_ Dr. Richert      \_\_\_ Drew Rymill, NP  
 \_\_\_ Dr. Coon      \_\_\_ Morgan Martin, NP  
 \_\_\_ Dr. Levatino      \_\_\_ Nicholas Fisher, NP  
 \_\_\_ Dr. Herlevic      \_\_\_ Francie Briscoe, PA

**Check service or procedure requested and a diagnosis (please be specific):**

**\*If you are requesting a procedure, please list an appropriate diagnosis and be as specific as possible. Attach any pertinent medical records to support the diagnosis. (office notes, labs, x-ray reports, etc.)**

- Office Consultation      Diagnosis: \_\_\_\_\_
- EGD      Diagnosis: \_\_\_\_\_
- Flexible Sigmoidoscopy      Diagnosis: \_\_\_\_\_
- Colonoscopy      Diagnosis: **Please select a diagnosis**  
 \_\_\_\_\_ Screening  
 \_\_\_\_\_ Positive Hemocults  
 \_\_\_\_\_ Iron Deficiency Anemia  
 \_\_\_\_\_ History of colon polyps  
 \_\_\_\_\_ History of colon cancer  
 \_\_\_\_\_ Family history of colon polyps  
 \_\_\_\_\_ Family history of colon cancer  
 \_\_\_\_\_ Other: \_\_\_\_\_
- Transfer of Care

Is patient on a blood thinner? \_\_\_ Yes \_\_\_ No

Name of blood thinner: \_\_\_\_\_

Is patient insulin dependent diabetic? \_\_\_ Yes \_\_\_ No

Defibrillator? \_\_\_ Yes \_\_\_ No

The **Gastroenterology Clinic Scheduling Department** will contact your office with the patient's appointment date and time and the appropriate instructions needed.