



Women's Medicine Collaborative*

A Lifespan Partner

BY WOMEN. FOR WOMEN.®

146 West River Street
Providence, RI 02904
Phone: 401-793-5700
Fax: 401-793-7801
WomensMedicine.org

Back Line for Physician Office Use
OB Med/Pulmonary: 401-793-7485
GI: 401-793-7486
Behavioral Med: 401-793-7489
Primary Care: 401-793-7487
Cancer Services: 401-793-7485

Referral Form

Fax with any pertinent records and lab/test results to: 401-793-7801 ~ Thank you.

PATIENT _____ DOB ____/____/____

ADDRESS _____

PHONE Home _____ Cell _____ Work _____

May we leave a message stating the call is from "Women's Medicine Collaborative" or "Dr. ____'s office"? Yes No

PRIMARY INSURANCE _____ ID# _____

SECONDARY INSURANCE _____ ID# _____

REFERRING PROVIDER _____ PHONE _____ FAX _____

Urgency of Consult: Within 24-48 hours Within 1-2 weeks Routine Appointment

REASON FOR REFERRAL

Patient is: NON-PREGNANT PRECONCEPTION PREGNANT (EDD: _____ or Gest. Age ____ wks) POSTPARTUM

Translator needed? No Yes - Preferred Language: Spoken _____ Written _____

Multidisciplinary Obstetric Medicine Service (MOMS)

- Asthma/Pulmonary disorder
- Cardiac disease
- Diabetes (Please use Diabetes in Pregnancy Program form**)
- GI disorder
- Headache/Syncope/Seizures
- Hematology disorder
- Hepatitis
- HTN
- Hyperemesis
- Palpitations/SOB
- Postpartum Risk Assessment
- Preconception Counseling
- Renal disease
- Rheumatology disorder
- ROAD to a Healthy Pregnancy (Reducing Obesity And Diabetes)
- Thyroid disorder
- Other _____

Behavioral Medicine

- Depression/Anxiety disorder
- Menopause
- Mental Health Preconception Consult
- Premenstrual Syndrome
- Other _____

Cancer Services GYN Oncology Breast Cancer Cancer Survivorship Program High Risk Cancer Surveillance

Diagnosis: _____

Genetic Counseling Reason for Referral: _____

Gastrointestinal Consult

- C. Diff
- Constipation
- Diarrhea
- Fecal Incontinence
- Hepatitis
- Hyperemesis
- Inflammatory Bowel/Celiac disease
- Irritable Bowel Syndrome
- Liver disease
- Other: _____
- Colonoscopy/Endoscopy (Please use Colonoscopy-Endoscopy Booking Sheet**)
- Bacterial Overgrowth test
- Lactose Breath test

Pulmonary Consult

- Asthma
- Sleep Apnea
- Other Pulmonary disorder
- Pulmonary Function Testing (Please use PFT form**)

Nutrition Counseling Reason for Referral: _____

Bone Densitometry Testing (Please use Bone Density Testing form**)

Testing Services

- Bone Densitometry Testing (Please use Bone Density Testing form**)
- Pulmonary Function Testing (Please use PFT form**)
- Echocardiogram
- Bacterial Overgrowth test
- Lactose Breath test

PT/Rehabilitation Services For referrals, please call 793-7022.