UVA Digestive Health Clinic
1215 Lee Street, Charlottesville, VA
22908 Phone: (434) 243-3090
Fax: (434) 244-9445

NEW PATIENT REFERRAL/CONSULTATION

Please note, DHC will only schedule appointment with patient after all requested information is received.

Faxing instructions: Fax completed form (as page 1) with required medical records to 434-244-9445.

PATIENT INFORMATION **UVAHS MRN (*if known*):**

LAST NAME:	FIRST NAME:		MIDDLE NAME:
PRIMARY PHONE:	ALTERNATE PHONE:	SEX: F ☐ M ☐	BIRTH DATE:
RACE:	STREET ADDRESS:		
CITY:	STATE:		ZIP:

PRIMARY DIAGNOSIS:_____

CHECK SYMPTOMS:

HEPATOLOGY
- ☐ Elevated liver enzymes
- ☐ NASH/Fatty liver disease
- ☐ Liver mass/liver lesion
- ☐ Viral hepatitis
- ☐ Cirrhosis
- ☐ Other _____

ESOPHAGUS
- ☐ GERD
- ☐ Barrett's esophagus
- ☐ Eosinophilic Esophagitis (EoE)
- ☐ Dysphagia
- ☐ Achalasia/ Motility

INTERVENTIONAL
- ☐ Pancreatitis
- ☐ Pancreatic cyst
- ☐ Pancreatic cancer
- ☐ Biliary disease
- ☐ Bile duct stones
- ☐ Colon polyps

INFLAMMATORY BOWEL DISEASE
- ☐ Crohn's disease
- ☐ Pouchitis
- ☐ Microscopic Colitis
- ☐ Ulcerative Colitis

LUMINAL/GENERAL GI
- ☐ Anemia
- ☐ Chronic abdominal pain
- ☐ Constipation
- ☐ Diarrhea
- ☐ Dysmotility/ Fecal incontinence
- ☐ Clostridium difficile (C.diff)
- ☐ Gastroparesis
- ☐ GI bleeding
- ☐ IBS
- ☐ Nausea/vomiting
- ☐ Weight loss
- ☐ Other _____

SPECIFIC QUESTIONS(S) TO BE ADDRESSED_____

_____

THE FOLLOWING RECORDS MUST BE RECEIVED BEFORE SCHEDULING THE PATIENT:
- Last 3 office notes
- Most recent labs
- GI procedure/ pathology reports from the last 10 years (colonoscopy, EGD, capsule endoscopy, liver biopsy, etc)
- Abdominal imaging and barium swallow reports from the last 2 years

Interpreter Needed? YES ◯ NO ◯ If yes, which language (be specific)? _____

REFERRING PHYSICIAN INFORMATION		
PHYSICIANS NAME:		
PRACTICE NAME:		
STREET ADDRESS:		CITY, STATE, ZIP
PHONE:	FAX:	REFFERING CONTACT NAME: