Consulting Radiologists Ltd.

# CRL IR REFERRAL FORM

| ***Scheduling Location & Service Requested** |
|---|
| ***Abbott Northwestern Hospital, Minneapolis*** |
| ☐ Interventional Radiology |
| ☐ Neurointerventional Radiology |
| Physician Requested: ☐ Any Available ☐ Dr.:_____ |

| **Patient Information** | |
|---|---|
| ***Patient Name** | ***DOB** |
| ***Home Phone Number** | ***Cell/ Work Number** |

| **Reason for Referral** | | | | |
|---|---|---|---|---|
| ***Type of Service Requested:** | | | | |
| ☐ Consultation | ☐ Treatment | ☐ Imaging | ☐ 2nd Opinion | ☐ Other |
| ***Clinical History:** | | | | |
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| | | | | |
| ***History & Physical Exam*** | | | | |
| ☐ **Medical History located in Allina Chart** | | ☐ **I will fax medical history to (612) 863-1444** | | |
| ☐ **Other:** | | | | |
| | | | | |
| ☐ **Patient is on a blood thinner (ie Coumadin. Plavix)**<br>☐ **Patient is a diabetic:** ☐ **Insulin dependent** ☐ **Patient is on Glucophage (Metformin)**<br>☐ **Patient has a history of renal insufficiency: Creatinine _____ GFR _____**<br>☐ **Patient is MRI Safe** *(No pacemaker, non-compatible aneurysm clips, defibrillator, etc.)* | | | | |
| **Patient Allergies (such as contrast allergy, etc.):** | | | | |
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| | | | | |
| ***Imaging Information*** | | | | |
| ☐ **Imaging completed through Allina** ☐ **Imaging completed through CRL**<br>☐ **Will send imaging from: _____** | | | | |
| ***Imaging Completed (Modality, Location, Date):** | | | | |
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| Referring Physician | |
|---|---|
| ***Clinic Name** | |
| ***Physician Name** | ***Phone** |
| ***Contact Person** | ***Phone:**<br>***Office Fax:** |

| Scheduling Instructions | |
|---|---|
| ☐ **Contact Referring Physician**<br>☐ **Contact Patient to Schedule**<br>☐ **Other:_____** | ☐ **Contact Office to Schedule** |
| ***Interventional Radiology***<br><br>**Tracy Chandler**<br>**Coordinator for CV Interventional Radiology**<br>**tracy.chandler@crlmed.com**<br>**(612) 863-9668 Phone** | ***Neurointerventional Radiology***<br><br>**Sandee Verootis**<br>**IR Coordinator for Interventional Neuroradiology**<br>**sandee.verootis@crlmed.com**<br>**(612) 863-4808 Phone** |