

## Model Specialty Outpatient Referral Response Checklist\*

*(This information can be communicated through any of several means, including a paper-based referral response form, detailed clinical note from last appointment, or abstraction from an Electronic Medical Record)*

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Referring Provider: \_\_\_\_\_ Specialist's Name/Practice/Contact Information: \_\_\_\_\_  
 Date of Referral Visit: \_\_\_\_\_  
 Reason for Referral/Clinical Question: \_\_\_\_\_

- Diagnoses (include confirmed, new, changed, or suspected diagnoses as well as any ruled-out diagnoses pertinent to the reason for referral/clinical question)
- Secondary Diagnoses (include any new identified or suspected disorders not directly related to referred disorder but which may need further evaluation and/or management. Clarify who should take primary responsibility for that follow-up)
- Medication changes (include new medications, samples provided, changes in dosage or form [i.e., solid to liquid], and any medications discontinued. Indicate whether any changes have already been instituted or need to be instituted by PCMH)
- Equipment changes (include new, changed, or discontinued items, and indicate whether any changes have already been instituted or need to be instituted by PCMH)
- Diagnostic testing (include results of testing already completed, tests that have results pending, and tests that have been scheduled, and clarify whether Neighbor or PCMH needs to follow up)
- Patient Education (include education completed, scheduled, or recommended as well as patient information provided)
- Procedures (include procedures completed with results/outcomes; list other procedures scheduled/recommended)
- Referrals (include other referrals completed, scheduled, or recommended and reason for those referrals)
- Follow up (list any recommended change to the referral type [e.g., consultation to shared care or "first call" responsibility for condition]; further follow-up that is recommended with specialist or PCMH [specify time frame and whether scheduled])
- Indicate any special requests or other recommendations:

\*The above should be presented as a stand-alone document or as the first page of a complete response note that includes a history and physical (H&P), full evaluation, and other relevant information. This should reach the referring and other pertinent providers that are part of the patient's care team in a timely fashion, such as within 1 week of the referral visit if not sooner.