

Patient Name:

DOB:

MR #

Today's Date _____

I am sending this patient to:

DR/NP/PA _____ Specialty **HEALTH PSYCHOLOGY (Pain)**

I am requesting:

Consultation (opinion/advice) + procedure if needed

Tentative Diagnosis:

Reason for this request: (include previous tests/treatments):

Lab / X-ray / other results can be found on WISCR or EPIC (circle one)

Requesting Practitioner Signature: _____ Date: _____ Time: _____ Pager #: _____

University of Wisconsin Hospital and Clinics
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TRANSFER / CONSULTATION REQUEST