

Session Times: Monday and Thursday Afternoons

*We cannot see women with Stress Incontinence (Refer to OBGYN), and we can not see men with genital warts (Refer to Dermatology). We can no longer accept patients with erectile dysfunction diagnosis.*

Patient's Name: _____	Date of Referral: _____
Address: _____	Requesting Physician: _____
DOB: _____ Sex: _____	Address: _____
SS#: _____	_____
Interpreter Required: Y N    Language: _____	_____
Phone: _____	Phone: _____
Insurance: _____	Fax: _____

**PLEASE REVIEW THE FOLLOWING GUIDELINES AND INCLUDE THE REQUIRED INFORMATION WITH THE REFERRAL.** *Please note that when required all blood-test results must accompany the referral. Patients with no insurance, in need of plain x-ray, may proceed to the Rhode Island Hospital (RIH) radiology department with an appropriate order from the referring clinician. US, CT, MRI must first be scheduled by the referring clinician and the patient must call 444-7850 to speak to a Patient Financial Services (PFS) advocate if they choose to seek financial assistance from RIH. Thank-you!*

Guidelines:	Please follow the guideline below to facilitate patient care.
All REFERRALS:	Include pt's last PE, progress note for visit that generated referral, current med list, & pertinent labs.
Hematuria, Microscopic	Include: Microscopic Urinalysis (Tell us how many cells/hpf) CT Abdomen and Pelvis, (contrast according to renal hematuria protocol.
Hematuria, Gross	Include: CT Abdomen and Pelvis, (Contrast according to renal hematuria protocol.
Testis Mass	Priority visit: call nurse at 444-3637 Include: Testis Ultrasound
Epididymo-Orchitis	Include: Testis Ultrasound
Prostate Enlargement, Nodule, or suspected CA	Include: Urinalysis, Creatinine, PSA
Prostate infection or UTI	Include: Urinalysis, Urine Culture
Hydrocele	<u>Non-Priority Appointment.</u> A long wait period can be expected.
Calculus, renal or ureteral	Non-Contrast CT abdomen & Pelvis

Reason for Referral: \_\_\_\_\_  
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Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_