Provider's Guide to Referrals/Consult Forms in the AFHCAN system (3/4/2014)

The following document is intended to help identify what elements are needed for a complete request fo referral or consultation to the ANMC Specialy Clinics using the AFHCAN tConsult system. Nearly all forms require the Referring Provider's name, credentials, and NPI number, as well as the name/phone of the individual completing the form

Service	Form name	Information Provider needs to fill in	Documentation/Labs/PreWork/Etc (* if optional)
Cardiology	Request for Referral	Reason for referral Seen by ANMC Cardiology past 3 yrs? If yes, which clinician?	History and Physical EKG Medication List Recent Labs CXR*
Comprehensive Pain Management Center	Request for Evaluation and Consultation	Reason for request for evaluation and consultation Location of pain Date of injury or onset of pain Type of injury Previous treatments (i.e. exercise program, surgery, medication, injections, behavioral therapy?) Does the patient currently have, or have they ever had a pain contract? If so, where? Has there been a breach of contract? If applicable, specific injection being requested?	Comprehensive Pain Management Pain Questionnaire completed by patient MRI CT EMG/NCS Xray Other (if done)
Dental	E-Referral Non ASU Field Referral	Patients future travel plans Significant Medical History Current Medications Diagnosis Is Patient Symptomatic? Yes/No Summary of Requested Services and Pertinent Information What ASU Services are requested: Prosthodontic (ASU patients only), Crowns/Bridges, Full/partial dentures NON-ASU Services requested: Pediatric Dentistry, Oral Maxillofacial Surgery, Endodontic (fees will apply) If the requested procedure is preprosthetic surgery, is there a current prosthetic treatment plan? Yes/No For Endodontic Services, tooth number For Endodontic Services, if retreatment, date of first treatment For Endodontic Services, how do you plan to restore the tooth after completion of endodontic treatment?	Dental Records X Rays Related Treatment Notes Current Medical History Copy of Social Security Card Copy of Birth Certificate Tribal Card or Certificate of Indian Blood (blood quantum noted) Completed Patient Registration Worksheet