UnityPoint Clinic

UnityPoint Clinic - Multispecialty
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Cedar Rapids, Iowa 52402
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Specialty Referral Form
INFECTIOUS DISEASE

Patient Information

First Name: _____ Last Name: _____ DOB: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Language: _____
Insurance (please provider front/back copy): _____

Past Medical History

☐Include most recent H&P including complete medication and allergy list

Referring Office:

Referring Provider: _____ Referring Office: _____
Phone: _____ Fax: _____ City: _____ State: _____
Reason for Referral: _____

Specialty Specific Information:

Please include the following information related to reason for referral:

☐Office notes
☐Notes from other relevant specialties
☐Imaging reports
☐Cultures
☐Labs including most recent CBC, CMP, CRP, Sed Rate (if done) and all other relevant labs

Scheduling:

Provider will review referral and, if approved, UPC Infectious Disease will contact patient to schedule. If declined, referring office will receive a follow up phone call.