

SCHEDULE FOLLOW-UP, TESTS, & REFERRALS

Instruct patient to give this form to the receptionist and to make appointment before leaving the clinic.

Affix Patient Label Here

Date: _____

Schedule follow-up appointment in _____ weeks
Continuity Patients: 1st 2nd 3rd 4th Tuesday of _____ (month)

Ensure prescription quantities are sufficient until next appointment.

Reason for follow-up: _____

- Check if Spanish speaker/interpreter required (S)
- Check if patient has diabetes mellitus (D)
- Check if patient is a continuity patient (C)

SHARING REFERRALS: Check and specify reason for referrals.

- Ophthalmology (diabetic screening)
- Ophthalmology (other): _____
- Physical Therapy (2nd & 4th Tuesdays): _____
- Medical & Family Therapy: Write down number and ask patient to call: *Justin Reed 402-559-7464*
- Nutrition (1st & 3rd Tuesdays): _____
- Dentist: Get list of dentists from administrator and give to patient.

TESTS TO BE DONE IN FUTURE (O ACCOUNT): Indicate date patient will get test and location.

- Tests (e.g., lab, x-ray, EKG, U/S): Date: _____ Day Clinic Hospital

EVERY WOMAN MATTERS (EWM): Age 40-64 every 2 years; must have SSN.

- EWM follow-up appointment at SHARING EWM form given to patient (first time only)*

NEBRASKA COLON CANCER SCREENING PROGRAM (NCP): Men and women age 50-64

- NCP form given to patient (re-enroll each time; must have SSN)

TESTS/UNMC REFERRALS REQUIRING UNMC FINANCIAL ASSISTANCE:

- Specialty: _____
Appointment: Next Available <48 hours <1 week <2 weeks <1 month
Reason for referral: _____
- Tests to be done (e.g., CT, MRI, nuclear medicine, PFT, echocardiogram, venous/arterial Dopplers): _____
- Financial Assistance form/phone numbers given to patient with instructions.*
For consultations, check the appropriate Financial Counselor phone number under "Consultations: UNMC Physicians" and have the patient call that number. For tests, check the phone number under "Tests: The Nebraska Medical Center" and write the name of test(s); ask patient to call that number.

*When giving patients forms, ask if they need assistance in completing them (verify literacy); please provide assistance as needed.

Other notes/instructions...

Student Signature: _____ Faculty Signature: _____

FOR OFFICE USE ONLY: Done (Initials) _____