


<b>Name of Policy:</b>	<u>Consultation Requests</u>	 <b>Effective Date:</b> 11/17/2009 Initial Effective Date: 6/1979
<b>Policy Number:</b>	3364-101-02-08	
<b>Department:</b>	Ambulatory Services	
<b>Approving Officer:</b>	Associate Vice President Associate Executive Director	
<b>Responsible Agent:</b>	Administrator, Ambulatory Services & Behavioral Health	
<b>Scope:</b>	Ambulatory Services	
<input type="checkbox"/> New policy proposal <input type="checkbox"/> Major revision of existing policy		<input type="checkbox"/> Minor/technical revision of existing policy <input checked="" type="checkbox"/> Reaffirmation of existing policy

**(A) Policy Statement**

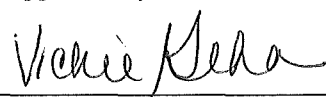
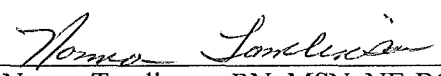
All consults are requested on a consultation form.

**(B) Purpose of Policy**

To communicate pertinent medical information when a consult is requested.

**(C) Procedure**

1. The physician requesting consultation by another physician or service shall include copies any of any relevant diagnostic test, any dictations and complete the reason for consultation on the form. Specific consultation forms exist for specialty services (i.e. Speech & Hearing, Heart Station, Physical Therapy). Consultation request form #729 attached).
2. The consult shall be sent to the consulting service. The consult shall include patient name, six digit Health Information Management number and telephone number. The attending physician's name shall be legibly written.
3. HMO patients need authorization from their Primary Care Physician prior to their scheduled appointment.
4. Following the consultation the original shall be placed in the medical record and the copy of the form shall be returned to the physician requesting consultation.

<b>Approved by:</b>  _____ Vickie Geha Administrator, Ambulatory Services & Behavioral Health	<b>Review/Revision Date:</b> 10/1981    6/1999 9/1983    1/2001 4/1987    12/2004 1/1990    8/2006 7/1990    11/17/2009 4/1992 10/1993 6/1996
 _____ Norma Tomlinson, RN, MSN, NE-BC Associate Vice President Associate Executive Director	12/3/09 Date
Review/Revision Completed By: Ambulatory Services	<b>Next Review Date:</b> 11/1/2012

**Policies Superseded by This Policy:** 2-08

*It is the responsibility of the reader to verify with the responsible agent that this is the most current version of the policy.*