

**Outpatient Consult Referral Form**

Thank you for this referral. Please complete ALL of the information below so we may process your request in a timely manner. Incomplete forms will not be processed until all pertinent information is provided on the referral form. This may result in an unnecessary delay in your request. Upon receipt of referral, a Secretary will contact your patient directly to schedule an appointment.

Referring provider: \_\_\_\_\_ Office #: \_\_\_\_\_  
PCP (if different from above): \_\_\_\_\_ Office #: \_\_\_\_\_

Patient name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Former name(s): \_\_\_\_\_

Mailing address: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Is a DH interpreter needed for this appointment? YES NO

- Patient would like to establish routine skin care
- Dermatologic Concern/Description: \_\_\_\_\_

Suspected Diagnosis: \_\_\_\_\_

Personal history of melanoma: Yes  No  Family history of melanoma: Yes  No

**If available, please provide copies of any relevant tests or biopsy reports.**

**Dermatology Triage Guidelines**

**MOST Urgent** (seen within 48-72 hours)

- New or changing pigmented lesion
- Eruptive rash (new/concerning)
- Ruptured cyst
- Bullous dermatoses (blisters/ blistering rash)
- Ulcerated hemangioma

**SEMI Urgent** (seen within 2 weeks)

- Eczema and psoriasis flares /dermatitis
- Skin lesions concerning for non-melanoma skin cancer
- Hemangioma

**LEAST Urgent** (next available appointment)

- Chronic rash
- Cosmetic concerns (including skin tags)
- Onychomycosis and other nail complaints
- Cysts
- Acne
- Alopecia
- Actinic keratosis
- Warts/molluscum
- Birth marks

The examples above are guidelines, if you have any questions, concerns or need a patient seen urgently, please call our office at 603-650-3100 to speak with our urgent consult secretary.