UNIVERSITY OF WASHINGTON
MEDICAL CENTER
UW Medicine

Consult Services Request

PATIENT INFORMATION

Today's date:
Patient Name:
Date of Birth:
Gender: ☐ Male ☐ Female
Best Contact Phone:
Interpreter Needed:

PHYSICIAN INFORMATION

Clinic/Specialist Requested:

☐ * **Consult Question:**
(Diagnosis/Treatment/Surgical Opinion)

☐ * **Transfer of Care Issue :**
(condition or problem the specialist is being asked to manage)

Diagnosis:
(Reason for request)

PT.NO

NAME

DOB

UW Medicine
Harborview Medical Center – UW Medical Center
University of Washington Physicians
Seattle, Washington

CONSULT SERVICES REQUEST

U2381

U2381

UH2381 REV JAN 07

PROGRESS — **BLUE**