

Lone Tree Health Center
9548 Park Meadows Dr. Lone Tree, CO 80528
720-848-2200

Denver/Aurora Anschutz Medical Campus
1635 Aurora Ct. Aurora, CO 80045
720-848-2233

CONSULTATION REQUEST

Phone: 720-848-2200 Fax: 720-848-2609

Request Appt. w/:

___ 'Kathleen Connell, M.D. ___ 'O ctuj c 'M'I wgu' 'O (F0 ___ 'Ncwt gp 'Tcueqlh, M.D.' ___ 'Brian Flynn, M.D. ''''''''

Or 1st Available Appointment _____ **Appointment Date:** _____

Appointment location the patient would like to be seen:

"Lone Tree Health Center Denver/Aurora Anschutz Medical Campus

Patient Name: _____ **DOB:** _____

Address: _____

Home Phone: _____ **Cell Phone:** _____

Insurance: _____

***Does the patient have any physical restrictions or special needs?** _____

***Is the patient able to transfer from the wheelchair to the exam table without assistance** Y ___ N ___

With limited assistance Y ___ N ___ **or with full assistance** Y ___ N ___

Nature of clinical problem:

- | | | |
|---|------------------------------------|---|
| <input type="checkbox"/> Urinary Incontinence | <input type="checkbox"/> Urgency | <input type="checkbox"/> Frequency |
| <input type="checkbox"/> Cystocele | <input type="checkbox"/> Nocturia | <input type="checkbox"/> Urinary Retention |
| <input type="checkbox"/> Prolapse _____ | <input type="checkbox"/> Rectocele | <input type="checkbox"/> Fecal Incontinence |
| <input type="checkbox"/> Fistula | | |

Other: _____

Reason for Referral:

- Consultation
- Urodynamics
- Cystoscopy

Referring MD: _____

PCP: _____

****Please Fax all pertinent patient notes (office visits, lab results, procedure and operative reports, etc.) to 720-848-2609**

Today's Date: _____

Letter Sent: _____