

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Please Print)

MRN: \_\_\_\_\_

### Associated Providers

Please list any physicians below who should receive information regarding your care/visit.

#### Primary Care Provider

Name: \_\_\_\_\_ Specialty: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

#### Referring Provider

Name: \_\_\_\_\_ Specialty: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Pharmacy Information

Please complete your pharmacy information below.

#### Retail Pharmacy

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

#### Mail Order Pharmacy

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Laboratory/Radiology Information

Are your laboratory and radiology studies capitated to a specific performing location?  Y  N

Laboratory: \_\_\_\_\_ Radiology: \_\_\_\_\_



## Jefferson Hypertension Program Physician Referral Form

The Jefferson Hypertension Program is designed to assess and treat patients with complex and difficult to control hypertensive disorders.

Patient Name: \_\_\_\_\_

Patient D.O.B.: \_\_\_\_\_

Diagnosis/Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Referring Physician Name: \_\_\_\_\_

Referring Physician Phone Number: \_\_\_\_\_

Referring Physician Fax Number: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

Please submit this form, and any relevant clinical information that you have to:

**Jefferson Hypertension Program**

833 Chestnut Street, Suite 700

Philadelphia, PA 19107

**Phone:** 215-955-HiBP (-4427)

**Fax:** 215-503-2506

You will receive a phone call to confirm we've received this form. Our intent is to direct patients back to your care following the consultation phase and keep you actively involved and informed throughout the process. You will receive a packet of information summarizing your patient's initial consultation, follow-up and progress.