The University of Texas at Austin
UT Health Austin

Health Transformation Building
1601 Trinity Street
Austin, Texas 78712
1-833-UT-CARES (1-833-882-2737)
www.uthealthaustin.org

Referral Communication Form

PATIENT INFORMATION

Name:
DOB:
Address:
Phone:
Day Phone:
Preferred Language:
Alt. Phone

INSURANCE/AUTHORIZATION INFORMATION

Insurance Name:
Policy#:
Authorization # (If required):

REFERRING PHYSICIAN INFORMATION

Name of Referring Physician:
Address:

Phone:
Fax:

PCP:

Referral Information

Reason for Referral:

Primary/Billing Diagnosis:

Please send all pertinent records related to the care you are requesting

Clinical Information/Comments