UDARA HEALTH

From symptoms to clarity. From clarity to flourishing.

CLINICIAN REFERRAL

Adult consultation and second opinion

SECURE REFERRAL FAX: **(844) 751-1975**

REFERRAL DATE:

Please fax the completed form and supporting records to the secure number above.

1 PATIENT INFORMATION

Legal name

Preferred name

Date of birth

Pronouns

MRN (optional)

Phone

Email

Street address

City

State

ZIP

State where patient expects to be physically located during telehealth visit: ☐ WA ☐ OR ☐ MO ☐ WI

2 REFERRAL PRIORITY AND REQUESTED SERVICE

PRIORITY ☐ Routine ☐ Soon (specify timing)

REQUEST ☐ Comprehensive consultation ☐ Focused second opinion ☐ Clinician-to-clinician review

Primary clinical question or goal for consultation

3 AREAS OF CONCERN

☐ Insomnia / disrupted sleep
☐ Sleepiness / nonrestorative sleep
☐ Dyspnea / exercise intolerance
☐ Suspected or treated OSA
☐ Circadian rhythm concern
☐ Chronic cough / airway symptoms
☐ Central sleep apnea
☐ RLS / parasomnia / movement
☐ Complex pulmonary question
☐ Fatigue / recovery / overlapping physiology
☐ Menopause-related sleep or breathing

Other

4 CLINICAL SUMMARY

Relevant symptoms, duration, diagnoses, prior treatment response, and key context

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CLINICIAN REFERRAL

Records, referrer details, and communication

5 RELEVANT HISTORY AND SAFETY INFORMATION

Major medical conditions / recent hospitalizations

Current medications (or attach medication list)

Allergies

Known urgent or active safety concern? ☐ No ☐ Yes - describe

6 RECORDS INCLUDED OR REQUESTED

☐ Recent clinical notes
☐ Relevant laboratory results
☐ Medication / allergy list
☐ Sleep study / PAP download
☐ PFT / CPET / oximetry
☐ Imaging reports or images
☐ ECG / echo / cardiac testing
☐ Hospital discharge summary
☐ Other (specify below)

Other / records pending

7 REFERRING CLINICIAN / PRACTICE

Clinician name **Credentials**

Practice

Phone **Fax**

Secure email

Preferred method for consultation findings ☐ Fax ☐ Secure email ☐ Other

Best contact for coordination

For emergencies or rapidly worsening symptoms, direct the patient to 911 or the nearest emergency department. Udara Health provides non-emergency adult physician consultation and second-opinion services. The referring or primary clinician continues to direct ongoing and urgent care. Udara Health is a cash-pay practice and does not bill insurance for its professional consultation fee; separately ordered tests, imaging, medications, or equipment may be billed by third-party facilities according to their policies. Submission of this form does not confirm acceptance or establish care. The patient completes screening and scheduling steps.