GENERAL SURGERY REFERRAL FORM

NORTHWEST SPECIALTY HOSPITAL
QUALITY CARE SINCE 2003 | PROUDLY OWNED AND OPERATED BY PHYSICIANS

INSTITUTE FOR DIGESTIVE SURGERY

SURGEON	
❑ Dirks, Derek (MD)	❑ Johnson, Robert (MD)
❑ Pennings, John (MD, FACS, FASMBS)	❑ Richardson, Cory (MD, FACS, FASMBS)
❑ First Available	

PATIENT INFORMATION					
NAME					
PHONE		**CELL**			
EMAIL					
MAILING ADDRESS					
NEW PATIENT	❑ YES ❑ NO	**SSN**		**DOB**	
PREFERRED METHOD OF CONTACT ❑ PHONE ❑ CELL ❑ E-MAIL					
PRIMARY INSURANCE					

REASON FOR GENERAL SURGERY CONSULTATION		
❑ INGUINAL HERNIA	❑ HEMORRHOIDS	❑ PREVIOUS WEIGHT LOSS SURGERY
❑ VENTRAL HERNIA	❑ COLON DISEASE	❑ GALLBLADDER DISEASE
❑ UMBILICAL HERNIA	❑ LIPOMA REMOVAL	❑ OTHER
❑ HIATAL HERNIA	❑ ABDOMINAL PAIN	

CLINICAL INFORMATION	
REQUESTING ABDOMINAL ULTRASOUND	❑ YES ❑ NO
Is the patient taking any blood thinning medications?	❑ YES ❑ NO
If yes what?	
Has the patient had any prior abdominal surgery?	❑ YES ❑ NO
If yes what?	

REFERRED BY

Please fax any records related to the patient's diagnosis as well as most recent labs and EKG to
(208) 415 - 0150

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