

## GI Associates of Tallahassee

2457 Care Drive Suite D-100 Tallahassee, Florida 32308 (850) 841-1166 Fax (850) 942-5466  
Leonard Leichus, MD Donshea McNealy, ARNP

### PATIENT REFERRAL FORM

**It is very important that we have accurate information on your patient. In addition to completing this form, please include the patient's last office visits, any recent lab results, and copies of their insurance cards.**

**Fax the form and included records to (850) 942-5466.**

#### PATIENT INFORMATION

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

#### INSURANCE INFORMATION

Primary Insurance Provider: \_\_\_\_\_  
Primary Insurance Policy #: \_\_\_\_\_  
Referring Authorization # if required: \_\_\_\_\_  
Secondary Insurance Provider: \_\_\_\_\_  
Secondary Insurance Policy #: \_\_\_\_\_

#### SCHEDULE PATIENT FOR

Consult with:  Dr. Leonard Leichus  Donshea McNealy, ARNP  
Colonoscopy:   
Indications for colonoscopy:  
 Screening  Hx of polyps  Family Hx  Change in bowel habits  
 Hematochezia  Heme + stools  Anemia  
EGD:   
Indications for EGD:  
 Dysphagia  Epigastric pain  GERD  Melena  
 Barrett's esophagus

#### REFERRING PHYSICIAN

Physician Name: \_\_\_\_\_ Physician Fax #: \_\_\_\_\_

**Your patient \_\_\_\_\_ has been placed on the schedule with  
\_\_\_\_\_ for the following date: \_\_\_\_\_**