

Surgery On Sunday, Inc. 650 Newtown Pike Lexington, Kentucky 40508

Office (859) 246-0046 Fax (859) 246-1752

Laura Ebert, Executive Director; Terri Cline, Client Coordinator



Referral Form

Patient Name:

Last: _____ First: _____ MI: __ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

County: _____ SS#: _____ DOB: _____ Sex: _____

What procedure/consultation does the patient need?

Medical Conditions – Please Specify

Heart Disease _____

Diabetes _____

High Blood Pressure _____

Lung Disease _____

Liver Disease _____

Kidney Disease _____

Anemia _____

High Cholesterol _____

Sight Impairment _____

Hearing Impairment _____

HIV Positive _____

Other _____

Current Medication:

Name of Drug	Strength	Directions	Name of Drug	Strength	Directions
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Medication Allergies: _____

Patient Triage Level: _____ URGENT _____ REQUIRED _____ ELECTIVE

Report of Procedure/Surgery goes to: _____

Referral Agency: _____ **Referral Date:** _____

Contact Person: _____ **Phone # :** _____