REFERRAL FORM

GI PARTNERS OF ILLINOIS

(312) 803-4964 appointments@gipartnersofil.com

Patient Information

First Name: _____ **Last Name:** _____

D.O.B (mm/dd/yy) ☐☐☐☐☐☐ **SSN:** ☐☐☐☐☐☐☐☐☐

Gender: ☐ Male ☐ Female ☐ Other **Height:** _____ **Weight:** _____

Email Address: _____

Ph. no: ☐☐☐ ☐☐☐☐☐☐☐

Area Code Phone Number

What would you like to schedule? ☐ Office Visit ☐ Procedure

Office Visit Purpose:

- ☐ GERD/Acid Reflux/ Heart Burn
- ☐ Dysphagia
- ☐ Abdominal Pain
- ☐ Nausea / Vomiting
- ☐ Hemorrhoids
- ☐ Elevated LFTs / Fatty Liver
- ☐ Constipation
- ☐ Rectal Bleeding / Blood in Stool
- ☐ Irritable Bowel Syndrome (IBS)
- ☐ Change in Bowel Habits
- ☐ Fecal Incontinence
- ☐ Celiac Disease
- ☐ Crohn's Disease
- ☐ Ulcerative Colitis
- ☐ Other: _____

Procedure(s) Ordered:

- ☐ Screening Colonoscopy Age 45+
- ☐ Flexible Sigmoidoscopy
- ☐ Colonoscopy: Positive Cologuard / FIT
- ☐ Barrett's Esophagus Ablation
- ☐ Colonoscopy
- ☐ Non-Surgical Hemorrhoid Therapy
- ☐ Upper Endoscopy (EGD)
- ☐ Axonics Therapy for Fecal Incontinence
- ☐ Endoscopic Ultrasound (EUS)
- ☐ Transoral Incisionless Fundoplication (TIF)
- ☐ Endoscopic Retrograde Cholangiopancreatography (ERCP)
- ☐ Esophageal Manometry
- ☐ Other: _____

Diagnosis _____

Must have diagnosis unless procedure ordered is a screening colonoscopy.

Street Address: _____

City: _____ **State/Province:** _____

ZIP/Postal Code: ☐☐☐☐☐

GI PARTNERS OF ILLINOIS

Insurance Carrier#: _____ **Insurance Policy#:** _____

Insurance Group#: _____ **Effective Date:** _____

Primary Care Doctor: _____

Check if Primary care doctor is the referring doctor.

☐ Yes, Primary care doctor is the referring doctor.

Referral Provider Information

Referring Provider Name: _____ **Provider NPI Number:** | | | | | | | | | | |

Ph. no: | | | | | | | | | | **Fax Number:** | | | | | | | | | |

Area Code Phone Number

Email Address: _____ **Facility Name:** _____

City: _____

Please Indicate the Location:

☐ Libertyville ☐ Gurnee ☐ Lake Barrington

☐ Crystal Lake ☐ Chicago ☐ Oak Brook

☐ Oak Lawn ☐ New Lenox ☐ Downers Grove

Please fill out all of the above so we can ensure patient reports are sent to the referring provider.

155 North Wacker Drive,
Suite 4250, Chicago, IL 60606