

# UT Health Physicians General Surgery

Patient Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Phone \_\_\_\_\_  
 HOME (Please mark preferred number)  WORK  CELL

Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ DOB \_\_\_\_\_

Insurance Plan \_\_\_\_\_ SSN# \_\_\_\_\_

Referring Doctor \_\_\_\_\_ Fax \_\_\_\_\_

Preferred Physician \_\_\_\_\_ Preferred Location \_\_\_\_\_

**REASON FOR REFERRAL (CHECK):**

*Please include a recent H&P*

- Acid Reflux Disease/Heartburn (Gastroesophageal Reflux Disease/GERD)
- Adrenal Gland Disorders
- Annular Pancreas
- Bariatric
- Breast Disease and Cancer
- Colonoscopy
- Colon Disease and Cancer (ulcers, colon polyps, tumors, fistulas and areas of inflammation or bleeding)
- Gall Bladder Issues
- Gallstones
- GERD
- Hernia
- Pancreas Issues
- Thyroid Disease and Cancer
- Other \_\_\_\_\_

