

Outpatient Ostomy Clinic Referral Form



Huntington Hospital

100 West California Blvd
Pasadena, CA 91105
626-397-5067

Fax completed form to the pre-registration call center at 626-397-2138

Patient Name: _____ Date of Birth: _____
Patient Phone: _____ Patient Email: _____
Referring Physician (Print): _____
Physician Phone: _____ Physician Fax: _____
Physician Email: _____

ICD-9 codes please check one for the visit

- ☐ 569.6 Colostomy or enterostomy complications
- ☐ 569.0 Colostomy or enterostomy complications, unspecified
- ☐ 569.61 Infection of colostomy or enterostomy
- ☐ 569.62 Mechanical complication of colostomy and enterostomy
- ☐ 569.69 Colostomy or enterostomy complications, other

Reason for visit

- ☐ Stoma site marking
- ☐ Initial visit
- ☐ Follow up visit

Presenting problem

- ☐ Stoma complications
- ☐ Pouching support/adaptation/trouble shooting
- ☐ Peristomal complications
- ☐ Pouch application and peristomal skin care education
- ☐ Lifestyle adaptation

If you have special instructions, or if the reason for visit is not listed, please specify:

A report of the patient's visit will be in Meditech in the EMR. Search under the patient's name, the visit will be entitled "Ostomy Clinic."

X

Physician Signature

Date