



Patient's first name, MI and last name: _____
First *MI* *Last*

Patient's last 4 digits SSN: _____

Patient's gender: Male Female

Patient's DOB (MM/DD/YYYY): ____ / ____ / ____

Requesting Provider's first and last name: _____
First *Last*

Mobile Phone #: ____ / ____ / ____

Office Phone #: ____ / ____ / ____

Email for notification of completed request: _____

Office Contact Person's first and last name: _____
First *Last*

Office Fax #: ____ / ____ / ____

STOP: Before submitting this eConsult order, verify that you referred to "AskMayoExpert" (AME) regarding the basis for your eConsult.

Diagnosis: _____

To what specialty department should the eConsult go? _____

Comments: _____

Yes No N/A Include most recent office H&P or Consult?

Comments: _____

Yes No N/A Include Patient medical history, current medications, family history, date of onset (if not included in Clinical Summary or H&P / Consult)?

Comments: _____

Yes No N/A If hospitalized within past year, include most recent discharge summary?

Comments: _____

Yes No N/A Include lab results?

Comments: _____

Yes No N/A Include radiology study results and images?

Comments: _____

Yes No N/A Include cardiac study results and images?

Comments: _____

Yes No N/A Include pathology results? *Note: slides are required for Hematology, Brain Cancers, and Breast Cancers.*

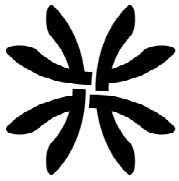
Comments: _____

Sample Source: _____

Surgical Collection Dates: _____

of Slides: _____

Provider Initials: _____ Date: _____ Time: _____



Yes No N/A Include other records or studies? *If yes, specify study name and date of service in Comments.*

Comments: _____

Yes No N/A I have obtained a patient–signed *Authorization to Release of Information* and have forwarded this to the Kootenai Health eConsult Coordinator.

Comments: _____

Checkmark one or more of the following reasons for the eConsult:

- _____ Is the current assessment and/or approach correct?
- _____ What other/ongoing diagnostics should be considered?
- _____ Should other treatment/management options be considered?
- _____ Is the patient a candidate for a research study?
- _____ Other: _____

Provide details about question to be answered:

Insert pertinent details supporting the reason for requesting an eConsult:

- Note: you may submit this information in any of the following ways:
- a. Insert a Clinical Summary note in the space below.
 - b. Dictate a note using Kootenai Health Transcription. (Call 625–4444, enter site ID 3# and work type code 200#.)
 - c. Dictate a note using HCNW transcription (job type "letter").
 - d. List a specialist clinic visit note as the summary.

Patient's first name, MI and last name: _____
First MI Last

Patient's DOB (MM/DD/YYYY): ____ / ____ / ____

Provider Signature: _____ Date: _____ Time: _____