

Outpatient Referral to Dermatology

REF19

Reason for Referral:

- | | |
|--|---|
| <input type="checkbox"/> Suspicious Skin Lesion | <input type="checkbox"/> Skin Check |
| <input type="checkbox"/> History of Skin Cancer | <input type="checkbox"/> Rash |
| <input type="checkbox"/> Warts | <input type="checkbox"/> Hair Loss |
| <input type="checkbox"/> Family History of Melanoma | <input type="checkbox"/> Severe Acne (Nodules/Cysts/Scarring) |
| <input type="checkbox"/> Biopsy Proven Skin Cancer (Untreated) | <input type="checkbox"/> Fluid Filled Blisters |
| <input type="checkbox"/> Hidradenitis Suppurativa | <input type="checkbox"/> Pruritis |
| <input type="checkbox"/> Suspected Drug Rash | <input type="checkbox"/> Boils or Pustules |
| <input type="checkbox"/> Pigmented Lesion | <input type="checkbox"/> Atopic Dermatitis |
| <input type="checkbox"/> Rosacea | <input type="checkbox"/> Psoriasis |
| <input type="checkbox"/> Cosmetic Dermatology | <input type="checkbox"/> Dermatopathology |
| <input type="checkbox"/> Immunodermatology | <input type="checkbox"/> Pediatric Dermatology |
| <input type="checkbox"/> Phototherapy | <input type="checkbox"/> Mohs Surgical Dermatology |
| <input type="checkbox"/> Other | |

Clinical Questions:

- ☐ **Has this patient been seen in person by you?**

Please explain why you are placing this referral without first assessing the patient in person:

- ☐ **Has the person been seen by any dermatologist in the last 90 days for the issue the patient is being referred for today?**

Date of last visit:

For what reason:

Affected Location(s):

Clinical Image:

Attach image(s) via Epic

☐ **Has a biopsy been performed?**

Please attach pathology report:

Specimen(s) ID:

☐ A

☐ B

☐ C

☐ D

☐ E

☐ F

☐ Other (please comment)

Tried and Failed Treatments:

Patient History of Skin Cancer:

☐ Actinic Keratoses

☐ Basal Cell Carcinoma

☐ Cutaneous T-Cell Lymphoma

☐ Dysplastic Nevus

☐ Melanoma

☐ Mycosis Fungoides

☐ Squamous Cell Carcinoma

☐ Other (Please comment)

☐ **Is there a family history of melanoma (in a first degree relative)?**

Which first degree relative?

☐ Parent

☐ Sibling

☐ Both

Referral Type:

☐ New Referral

☐ Update to Existing Referral