

# International Patient Program – West Virginia University Hospitals Referral Form

If you wish to be referred to WVU Hospitals, please complete and submit this referral form.

Your form will be reviewed by a physician in the specialty you are requesting referral to. You can submit the form by faxing it to 1-304-598-6145.

Who recommended West Virginia University Hospitals to you?

- Relative/acquaintance/friend
- Insurance company
- Embassy
- Employer
- Other, please specify:

Please check one:

- Self-referral
- Physician referral

Referral request:

- Second opinion
- Physician consultation
- Hospital admission

## Patient Information

Patient's Name (Required):

Gender (Required):  M  F

Date of Birth (Month, Day, Year):

Permanent Address:

City:

State/Province:

Country:

Zip or Postal Code:

Home Telephone (Required):

Business Telephone:

Home E-mail:

Business E-mail:

Home Fax:

Business Fax:

Local Telephone (if available):

Local Fax (if available):

Emergency Contact Name:

Contact's Telephone Number:

Religious preference:

## Clinical Information

Patient Diagnosis:

Patient Clinical Status:

Clinical Department or Specialty:

Are medical records and test results available (MRI, CT scan, X-ray, etc.)?

Anticipated travel dates to United States:

From:                      to:

Who would accompany patient to the United States?

### **Referring Physician**

Physician's Name:

Affiliation:

Office Telephone Number:

Fax Number:

Emergency Telephone Number:

E-mail address:

### **Patient Services Information**

Will you need assistance with the following?

■ Interpreter Services: \_\_\_ Yes \_\_\_ No

Languages you speak:

■ Special diet: \_\_\_ Yes \_\_\_ No

If yes, please specify diet:

If you have any questions, please contact Dawn Molnar, the International Program Coordinator  
by telephone: 1-304-598-6144 or email: [molnard@rcbhsc.wvu.edu](mailto:molnard@rcbhsc.wvu.edu).

**Note: For self-pay patients requiring hospitalization, payment in advance is required.**