

**SOUTHEASTERN IN GASTROENTEROLOGY, LLC (SEIG) – Geoffrey Raymer MD, Patrick Barrett, MD, Lora Fathauer DNP, Kinsie Fisher NP, Carlie Johnson NP, Stephanie Greathouse, NP**

**FAX NUMBERS 812-372-9265 OR 812-373-5497**

Provider Requesting Consult \_\_\_\_\_

Date \_\_\_\_\_

**GI CONSULT FORM**

If urgent evaluation is needed, please call our office (812)372-8680 option 1 or dedicated phone line for medical offices (812)373-3307.

***Include pertinent lab work, office notes and insurance information. We will contact the patient and schedule an office evaluation based on office notes, labs, tests, etc. sent with consult forms. We will not schedule the patient until we have the relevant records.***

**PATIENT INFORMATION OR ATTACH DEMOGRAPHICS**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SS# \_\_\_\_\_

Phone number: \_\_\_\_\_ (home) \_\_\_\_\_ (cell)

Address: \_\_\_\_\_

Insurance Name and policy number: \_\_\_\_\_

**REASON FOR CONSULT**

- Colon evaluation exam
- Blood in stool
- Iron Def Anemia
- Hx of colon polyp(s) or CA
- Family hx of colon polyp(s) or CA
- Hepatitis C – please send HCV PCR Quant. and Genotype
- Elevated liver tests/hepatitis
- GERD
- OTHER \_\_\_\_\_

**APPOINTMENT CONFIRMATION (for SEIG use)**

Your patient has been contacted and the appointment has been made.

Date of Appointment: \_\_\_\_\_ Time: \_\_\_\_\_ Doctor/NP: \_\_\_\_\_