Rhode Island Hospital
A Lifespan Partner

Interventional Neuroradiology
593 Eddy Street, Providence, RI 02903
inr.lifespan.org

INTAKE FORM

Call (401) 421-1924 for an appointment or fax order to (401) 454-6828.

I would like you to see my patient in consultation.

Patient's name: _____ Date of birth: _____

Address: _____

Phone number: _____ Work/cell phone: _____

Sex: ☐ Male ☐ Female RIVI doctor requested: (if applicable) _____

Interpreter needed? ☐ Yes ☐ No If YES, what language? _____

Referring physician's signature: _____ Phone: _____

Insurance name and ID # _____

Primary physician: _____ Phone: _____

Any other physicians: _____

Referring diagnosis: _____ (Please fax most recent office notes)

Clinical information: _____

_____

Has patient had recent blood work or x-rays? ☐ Yes ☐ No
If YES, what, where and when _____

1. Is this a "Research study only" referral? ☐ Yes ☐ No
2. Diagnostic Ankle Brachial Indices (ABI) test only? ☐ Yes ☐ No
3. Lower Extremity Arterial Evaluation (LEAE) test only? ☐ Yes ☐ No

Shall we call the patient with appointment? ☐ Yes ☐ No

If yes, what is the best phone number and time to call? _____

(FOR OFFICE USE ONLY)

Ordered lab/imaging reports and films? ☐ Yes ☐ No Initials: _____ Dat _____

Ordered doctors notes and reports? ☐ Yes ☐ No Initials: _____ Date: _____

Given RIVI apt with: _____ on: _____ at: _____

History form and appt mailed? ☐ Yes ☐ No Intake Scanned? ☐ Yes ☐ No