

**UCSF Health** Infectious Diseases (ID) Clinic  
NEW PATIENT REFERRAL/CONSULTATION FORM

**Instructions:** Please select the reason for referral and provide the requested information for the selected referral indication. Note that we cannot schedule an appointment until all requested information is received.

**Non-Accepted Referrals:**

Following referrals are not accepted	Following referrals should be redirected
Chronic fatigue syndrome Chronic Lyme disease Delusional parasitosis Morgellons's disease Post COVID syndrome (Long COVID)	Hepatitis B/C (→Hepatology Clinic) HIV Care/PEP or PrEP (→HIV Clinic) Pediatric patient (→Pediatric ID) Travel Vaccination (→Travel Clinic: <a href="https://www.sf.gov/location/aitc-immunization-travel-clinic">https://www.sf.gov/location/aitc-immunization-travel-clinic</a> )

<b>PATIENT DEMOGRAPHICS</b>	Name of patient: _____ DOB: _____ Interpreter needed: Yes <input type="checkbox"/> No <input type="checkbox"/> Language (if interpreter needed): _____ Home phone: _____ Work or Cell Phone: _____ Address: _____ City: _____ Zip: _____
<b>INSURANCE COVERAGE INFORMATION</b>	Payor/Plan Name: _____ Member ID: _____ Payor/Plan Phone: _____ Group Name/ID: _____ Claims Address: _____ Include patient's insurance card (both sides) and HMO authorization if required.
<b>PRIMARY CARE PROVIDER INFORMATION</b>	PCP Name: _____ Phone: _____ Referring MD: _____ Specialty: _____ Phone: _____ Fax: _____

<b>ADDITIONAL INFORMATION</b>	<b>Does the patient need a transplant ID specialist (pre/post solid organ transplant or stem cell transplant/hematology malignancy)?</b> Yes <input type="checkbox"/> .      No <input type="checkbox"/>
	<b>Please include the following information with this form:</b> 1. Last 2 medical notes related to referral 2. Microbiology, Pathology, Laboratory information related to diagnosis 3. Radiology reports: Image studies (report and actual images) last 3 months related to diagnosis
<b>REASON FOR REFERRAL</b> <b>(Please circle or specify)</b>	<ul style="list-style-type: none"> <li><input type="radio"/> Abnormal serology/labs</li> <li><input type="radio"/> Central nervous system infection (Brain abscess, Meningitis, Encephalitis)</li> <li><input type="radio"/> Cryptococcal meningitis</li> <li><input type="radio"/> Diabetic foot infection (including osteomyelitis)</li> <li><input type="radio"/> Endovascular infection (Bacteremia, Endocarditis, LVAD, CIED infection)</li> <li><input type="radio"/> Fungal infection (Coccidioidomycosis, Aspergillosis, Mucormycosis)</li> <li><input type="radio"/> Fever of unknown origin</li> <li><input type="radio"/> Gastrointestinal infection (C diff, H pylori, Diarrhea, Intrabdominal abscess, Liver abscess)</li> <li><input type="radio"/> Latent tuberculosis</li> <li><input type="radio"/> Lyme disease</li> <li><input type="radio"/> Malaria</li> <li><input type="radio"/> Neurocysticercosis</li> <li><input type="radio"/> Neurosyphilis</li> <li><input type="radio"/> Non-tuberculosis mycobacteria (NTM)</li> <li><input type="radio"/> Osteomyelitis</li> <li><input type="radio"/> Parasite infection</li> <li><input type="radio"/> Pretransplant infectious disease evaluation</li> <li><input type="radio"/> Prosthetic joint infection/ Spinal hardware infection</li> <li><input type="radio"/> Pulmonary nodule</li> <li><input type="radio"/> Septic arthritis</li> <li><input type="radio"/> Sexually transmitted disease</li> <li><input type="radio"/> Skin and soft tissue infection (Cellulitis, Breast Implant infection)</li> <li><input type="radio"/> Syphilis</li> <li><input type="radio"/> Tuberculosis</li> <li><input type="radio"/> Urinary tract infections</li> <li><input type="radio"/> Vertebral osteomyelitis</li> <li><input type="radio"/> Viral infection (CMV, HSV, VZV)</li> <li><input type="radio"/> Other: _____</li> </ul>

**Please fill out this form completely and submit it with the required documentation to ensure timely processing of your referral. Referrals missing information or for non-accepted conditions will be returned to the ordering provider. Thank you for your cooperation.**