

# General Referral Form

## Patient Information

Full Name: \_\_\_\_\_ Weight: \_\_\_\_\_  lbs  kg Height: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Allergies:  NKDA \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Patient Status:  New to therapy  Continuing therapy Last Treatment Date: \_\_\_\_\_ Next Treatment Date: \_\_\_\_\_

## Required Documentation

- Patient Demographics and Insurance Card  Medication List  
 Clinical/Progress Notes Supporting Dx  Most Recent Labs


## Primary Diagnosis

 Diagnosis: \_\_\_\_\_  ICD-10 Code (required): \_\_\_\_\_

## Pre-Medication

- Acetaminophen (Tylenol) PO  500mg  650mg  1000mg  
 Diphenhydramine (Benadryl)  25mg  50mg  PO  IV  
 Methylprednisolone (Solu-Medrol) IV  40mg  125mg  
 Cetrizine (Zyrtec) 10 mg PO  
 Other: \_\_\_\_\_

## Therapy Administration

 Please indicate medication, dose, frequency, duration, and any additional administration instructions:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Refills:

x 1 year  Other: \_\_\_\_\_

 Order valid for one year unless otherwise stated

- RN to flush and lock VAD/CVAD per violet health protocol (see violetinfusions.com/protocol for policy)  
 Administer acute infusion and anaphylaxis medications per violet health protocol (see violetinfusions.com/protocol for policy)  
 RN to manage VAD per company protocol and administer ordered therapy per manufacturer guidelines.  
 RN to access/start and deaccess/discontinue VAD as appropriate for therapy administration.  
 Other: Please fax alternative reaction orders, flush orders, or nursing administration orders if checking this box

## Lab Orders

- CBC  at each dose  every \_\_\_\_\_  CRP  at each dose  every \_\_\_\_\_  
 CMP  at each dose  every \_\_\_\_\_  Other: \_\_\_\_\_

## Provider Information

Provider Name: \_\_\_\_\_ Office Contact Person: \_\_\_\_\_  
 Referring Practice Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Referring Practice Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Email: \_\_\_\_\_  
 Provider NPI: \_\_\_\_\_  
 Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_