Referral to Mayo Clinic Health System

Form content retained in medical record.
Route to HIMS Scanning.

TO BE SCANNED

Select Location: ☐ Eau Claire ☐ La Crosse ☐ Mankato

(complete fields or place patient label here)

Patient Name *(First, Middle, Last)*	
Birth Date *(mm-dd-yyyy)*	Room Number (if applicable)
Mayo Clinic Number	

Instructions: Print and fax completed document with any pertinent medical records, including radiology imaging and insurance card (back and front) to 855-392-9335 or 608-392-9814. For questions or assistance call 855-392-8400.

Patient Information

Sex Assigned at Birth ☐ Male ☐ Female ☐ Choose not to disclose		Patient Email (optional)
Address		City
State (required for domestic patient)	ZIP Code (required for domestic patient)	Country (optional)
Home Phone	Alternate Phone ☐ Mobile ☐ Work ☐ Other	Parent Name (if minor) *(First, Middle, Last)*
Maiden Name (optional)		Spouse First Name (optional)

Appointment Request Information

Specialty Requested	Appointment Timeline: ☐ Urgent (less than 3 days) ☐ 4–14 days ☐ Routine ☐ Other ______
Referring for testing only? ☐ Yes ☐ No If "Yes," which test? ☐ Stress Echo ☐ GXT ☐ Sleep Study ☐ EEG ☐ MRI ☐ CT ☐ US ☐ Other ______	
Clinical question to be answered. Submit any pertinent medical records.	
Indication or Diagnosis	

Insurance Information

Subscriber Name *(First, Middle, Last)*		Subscriber Insurance Number
Insurance Plan Name		
Guarantor Name *(First, Middle, Last)*		Date *(mm-dd-yyyy)*
Guarantor Address *(Street, City, State, ZIP Code)*		
Patient Insurance Information (if available)	Does the patient need an interpreter? ☐ Yes ☐ No	If "Yes," what language?
What is the request related to? ☐ Motor vehicle accident ☐ Litigation ☐ Workers' compensation ☐ Not applicable		

Referring Provider Information

Referring Facility Name	Referring Provider *(First, Middle, Last)*	Referring Provider NPI
Person Completing Name *(First, Middle, Last)*	Referring Provider Email	
Phone (for questions)	Fax	
Primary Care Provider *(First, Middle, Last)* (optional)		

©2023 Mayo Foundation for Medical Education and Research