Peds at GI Associates
REFERRAL FORM

2510 Lakeland Drive
Flowood, MS 39232
601/355-1234

106 Highland Way, Suite 101
Madison, MS 39110
601/355-1234

1815 Mission 66
Vicksburg, MS 39180
601/638-8801

800/880-1231 • Fax 601/352-4882 • www.gi.md

Referral

Referred to: ☐ Lowry ☐ Rippel ☐ ANY GI ASSOCIATES PHYSICIAN – NOT URGENT ☐ NEXT AVAILABLE APPOINTMENT – URGENT

Preferred Location: ☐ Flowood ☐ Madison ☐ Vicksburg

Referring Physician First & Last Name:_____ Phone: _____ Date____/____/_____

FOR OFFICE VISIT / CONSULTATION Reason for appointment: _____

If you prefer to call for a referral to GI Associates, please contact one of the physician assistants listed below:

• Michelle (Dr. Lowry): 601-355-1234 ext. 395 • Marianna (Dr. Rippel): 601-355-1234 ext. 375

Diagnosis

☐ Iron deficiency anemia (D50.9)
☐ Abnormal colon or x-ray studies (R93.3)
☐ Hematemesis / coffee grounds emesis (K92.0)
☐ R/O Hirschsprung's
☐ Elevated liver enzymes (R74.8)
☐ Hyperbilirubinemia(E80.6)
☐ Other _____

☐ Melena / Blood in stool (K92.1)
☐ Unexplained diarrhea (R19.7)
☐ Functional diarrhea (K59.1)
☐ Unspecified obstruction of GI tract (K56.60)
☐ Constipation (K59.00)
☐ Change in bowel habits (R19.4)
☐ Failure to thrive (R62.51)

☐ Nausea / Vomiting (R11.2)
☐ Abdominal pain, unspecified site (R10.9)
☐ Dysphagia / Odynophagia (R13.10)
☐ Reflux (K21.9)
☐ Weight loss (R63.4)
☐ Epigastric pain (R10.13)
☐ Other _____

Patient Demographic

First Name _____ MI _____ Last Name _____

Date of Birth ____/____/____ SSN _____ E-Mail _____

Address _____

City _____ State _____ Zip _____ Gender M / F

Home Phone _____ Work Phone _____ Cell Phone _____

Name of Legal Guardian _____ Contact Number _____

Insurance Information [Please fill out or include a copy of patient insurance card (front and back)]

Insurance Carrier _____ Policy # _____ Group # _____

Insured Name _____ Insured SSN _____ Insured Date of Birth ____/____/_____

Insured Employer _____

Patient's Relationship to Insured _____ Is Insured the same as Guarantor? Y / N

Guarantor First Name _____ Guarantor Last Name _____

Guarantor SSN _____ Guarantor DOB ____/____/_____ Guarantor Phone _____

Please Fax to 601-718-2778