Atrium Health Wake Forest Baptist

Digestive Health Center
New Patient Referral Form

Referral Fax Number: (336) 713-4063

Preferred Location: ☐ High Point ☐ Greensboro ☐ Lexington ☐ Wilkes ☐ Winston-Salem

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*Please **complete the entire form and attach relevant medical records** such as clinic notes, endoscopy reports, path reports, labs, and imaging results.*

Patient Information

Last Name:	First Name:	Middle Name:
Date of Birth:	Phone:	Gender Assigned at Birth:
Street Address:		
City:	State:	Zip:
Insurance: Yes or No **(If yes, attach copy of both sides of Insurance card)**		

Referring Provider Information

Referring Provider Name:	
Practice Name:	
Street Address:	City, State, Zip:
Phone:	Fax:

Select Diagnosis for Referral

○Biliary Disease ○Pancreatitis ○Pancreatic Disease ○GI Malignancy	○GERD ○Barrett's ○Eosinophilic Esophagitis ○Peptic Ulcer Disease ○Diarrhea ○Constipation	○Abdominal Pain ○Anemia ○GI Bleeding ○Celiac Disease ○Internal Hemorrhoids ○IBS/Functional	○IBD ○Crohn's ○Ulcerative Colitis	○Esophageal Dysphagia ○Achalasia ○Gastroparesis ○Intestinal Motility Disorder ○Fecal Incontinence	○Abnormal LFTs ○Acute Hepatitis ○Chronic Viral Hepatitis ○Cirrhosis ○Liver Lesion/Cancer ○Other _____

Clinical question(s) to be addressed: _____

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