Date: __________________________  Print Patient Name: __________________________

Time: __________________________  Unit Location: __________________________

Service: __________________________  Consultant: __________________________

Requesting Physician’s: Phone #: __________________________  Pager #: __________________________

I need consult: ☐ **STAT  ☐ **ASAP  ☐ ROUTINE (within 24 hours)

Reason for consultation (print legibly): __________________________________________
_______________________________________
_______________________________________
_______________________________________
_______________________________________
_______________________________________
_______________________________________
_______________________________________

Physician ordering consult: __________________________________________
(print name and signature or TORB by nurse)

☐ I have already called consultant with this consult request at (time) __________________________

OR

☐ I am not able to call consultant directly**, please page/call consultant for me.

RN/HUC: For all consults please document the following:

_______________________________________ paged consultant __________________________ at ________, ________, ________
(RN/HUC Initials) [time(s)]

Consultant __________________________ responded at (time) __________________________

Do not use this form to document consult; dictate or leave consult note in chart.

**Direct physician-physician verbal communication is considered ideal, but is always required for “STAT” consults.