

CCN referral

Send through your usual secure channel (fax, portal or encrypted email). Never by ordinary email. Reply expected within seven days of the visit, on the CCN consult reply.

To	Clinician, practice, secure fax or address		
From	Referring clinician and credentials, practice, phone, secure fax or address, NPI (optional)		
Date		Patient	Name, date of birth, phone
The question	One sentence.		
Why now	What changed, or what made you refer.		
What has been done	Key history and results. Attached: ☐ labs ☐ imaging ☐ genetic testing ☐ prior consult notes		
What I need back	☐ an answer to the question ☐ a test or procedure ☐ shared care (say what) ☐ you take over this problem		
Urgency	☐ routine, within 4 weeks ☐ soon, within 1 week ☐ urgent, please call me		
Cash price	☐ the patient knows your price ☐ price not yet known		
Reply to	Method and secure address		
Signature			

Colorado Care Network referral standard: coloradocarenetwork.com/referrals