

Allina Health

Epic Care Link – Incoming Referrals Request Form

Organization Name: _____

Primary Contact Name: _____

Email: _____

Phone: _____

Locations sending referrals to Allina Health: _____

Anticipated referral volume (per month): 1–10 11–50 51–100 100+

Consult Orders Requested (select all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Allergy | <input type="checkbox"/> Audiology & ENT | <input type="checkbox"/> Breast Care |
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Dermatology | <input type="checkbox"/> Endocrinology |
| <input type="checkbox"/> General Surgery | <input type="checkbox"/> Hospice | <input type="checkbox"/> Infectious Disease |
| <input type="checkbox"/> Integrative Medicine | <input type="checkbox"/> Maternal Fetal Medicine | <input type="checkbox"/> Nephrology |
| <input type="checkbox"/> Neurology – Epilepsy/Seizure | <input type="checkbox"/> Neurology – Movement Disorders | <input type="checkbox"/> Neurology – Neuro Oncology |
| <input type="checkbox"/> Neurology – Tremors | <input type="checkbox"/> Neurology – Vascular (Stroke/TIA) | <input type="checkbox"/> Neurosurgery |
| <input type="checkbox"/> OB-GYN | <input type="checkbox"/> Oncology (Cancer Services) | <input type="checkbox"/> Optometry / Ophthalmology |
| <input type="checkbox"/> Orthopedics & Podiatry | <input type="checkbox"/> Pain Services | <input type="checkbox"/> Palliative Care |
| <input type="checkbox"/> Physical Medicine & Rehab | <input type="checkbox"/> Plastic Surgery | <input type="checkbox"/> Primary Care |
| <input type="checkbox"/> Pulmonology | <input type="checkbox"/> Radiation Oncology | <input type="checkbox"/> Rheumatology |
| <input type="checkbox"/> Sleep Medicine | <input type="checkbox"/> Surgical Spine | <input type="checkbox"/> Thoracic / Cardiothoracic Surgery |
| <input type="checkbox"/> Vascular Surgery & Medicine | <input type="checkbox"/> Weight Management | <input type="checkbox"/> Wound & Ostomy Services |
| <input type="checkbox"/> Wellness Services | | |