



MEMORIAL HOSPITALIST GROUP (MHG)

DIRECTIVE FORM

RE: REFERRAL SOURCE INSTRUCTIONS TO MHG
MHG Members

SYED HASNAIN, MD AGA KULIEV, MD EDWARD RENSIMER, MD
ADAM KAWLEY, MD DARIA LEE, MD AKRAM SHAKHASHIRO, MD
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1. Notification:

- a. I want to be called first when my patient presents in the Emergency Department: Y__ N__
b. I want MHG to function ONLY as my default, back-up when I cannot be reached or am out of reach: __Y__N
c. I want the Emergency Dept to call MHG FIRST on all my patients. __Y__N

2. Contact: How often and what kind of contact do you want on your patients from the MHG doctor?

__daily __weekly __significant events or substantial information developed
__upon discharge/transfer __copies of significant medical records is sufficient

- a. Is there a contact person, like a PA or NP, in your practice you wish to be our first contact point to minimize your inconvenience and distraction?

Name Cell phone Prefer
b. Key contact Information: Office phone:
Cell Phone:
FAX:
email:

3. Extended Care Preferences,

Home Health Companies:
LTACs:
SNFs:

4. Specialist Preferences,

- Medicine Allergy/Immunology: Cardiology: Dermatology: Endocrinology: Gastroenterology: Hematology/Oncology: Infectious Diseases: Nephrology: Neurology: Pain Management: Physical Medicine/Rehab: Psychiatry: Pulmonary/Critical Care: Rheumatology:
Surgery Cardiothoracic: Colorectal Surgery: ENT: Hand Surgery: Neurosurgery: OB-GYN: Ophthalmology: Orthopedics: Plastic Surgery: Podiatry: Surgery: Urology: Vascular Surgery:

- 5. Do you have a need for coverage of outpatient/office emergencies when you are away from your practice? Y__ N__

- 6. If you prefer certain MHG docs to manage your patients, circle those in the top banner, and our group will move patients to those doctors during routine work hours.

COMMENTS:

PHYSICIAN NAME

Signature Date