

# Ostomy Outpatient Services Columbus Regional Health



## Outpatient Referral Request

Ostomy Outpatient Services  
Columbus Regional Hospital  
2400 East 17th Street  
Columbus, IN 47201  
(812) 376-5298 or (800) 841-4938 ext. 5298

Physician Offices: Please call **Centralized Scheduling** at (812) 376-5500 to schedule your patient then fax the signed Outpatient Referral request form to **Order Intake** at (812) 375-3161.

### PATIENT INFORMATION

Patient Name:	Daytime Phone: (     )
Address:	Date of Birth:
City:	Zip:
Location of affected area:	
If wound or rash, date acquired (as close as possible):	
Is the patient diabetic? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is patient <input type="checkbox"/> Ambulatory <input type="checkbox"/> Wheelchair bound <input type="checkbox"/> Bedfast	

### SERVICES REQUESTED - EVALUATE AND TREAT AS NEEDED

<input type="checkbox"/> Cutaneous Fistula Drainage Management	<input type="checkbox"/> Peri-Tube Skin Complication
<input type="checkbox"/> Colostomy, Complicated	<input type="checkbox"/> Colostomy, Uncomplicated
<input type="checkbox"/> Ileostomy, Complicated	<input type="checkbox"/> Ileostomy, Uncomplicated
<input type="checkbox"/> Other - Specify Type:	<input type="checkbox"/> Pre-Operative Site Marking and Education

### REFERRING PHYSICIAN

Physician Name (Printed):	Phone: (     )	Fax: (     )
Physician Signature	Date and Time:	