

**Tulane University School of Medicine Student-Run Clinics**  
**ER REFERRAL**

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_

**Referral To:** University Medical Center Emergency Department

**Referral From:** Tulane University School of Medicine Student-Run SCC Clinics

**Clinic Site:** \_\_\_\_\_ **Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Reason for Referral:**

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Unexplained cough lasting 3+ weeks | <input type="checkbox"/> Night Sweats |
| <input type="checkbox"/> Coughing up blood                  | <input type="checkbox"/> Fever/Chills |
| <input type="checkbox"/> Chest Pain                         | <input type="checkbox"/> Other: _____ |

**Relevant Medical Background:**

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**Transportation Method:** \_\_\_\_\_

**Authorization:** I, \_\_\_\_\_ [patient name], give my permission to Tulane University School of Medicine Student-Run TB Clinics to release this information to University Medical Center and any medical transportation services necessary for safe patient transport to the emergency department.

**Signature of Patient:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Documentation:**

*The referring student must call the UMC triage nurse (504-702-2138) before the patient leaves the clinic. Inform the triage nurse of the incoming patient, reason for referral, and transportation method. Document the clinical course, all patient counseling, and questions answered. The patient (or transporting entity, if the patient is unable to comply) will receive the original and a copy of this form will be kept for the patient's medical record with the Tulane University School of Medicine Student-Run TB Clinics. Make sure to document all relevant information on the patient's TB Screening Questionnaire.*

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**Referring Medical Student** (Print clearly): \_\_\_\_\_

For any questions, contact: [scclleadership.tusom@tulane.edu](mailto:scclleadership.tusom@tulane.edu)

Last Updated: 8/4/2021

**Referring Medical Student (Signature):** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_