Bleeding & Clotting Disorders Institute

Family-oriented care for persons with bleeding, clotting and other blood disorders

Dr. Michael Tarantino—Medical Director 6811 N. Knoxville Avenue, Peoria, Illinois 61614 Phone: (309) 692-5337 Fax: (309)693-3913

Date of Referral: ____________________

Name of Patient:____ **Date of Birth:** _____________________

Male:_________ **Female:**_________

Spouse/Parent/Guardian: ____

Address: ____

City: _________________________________ **State:** ____________________ **Zip Code:** _____________

Home Phone: _____________________________________ **Cell Phone:** ___________________________

Insurance: ____ **Phone:** _______________________________

Certificate Number: _______________________________ **Policy Number:** _______________________

Insured's Name: __________________________________ **Relationship to Patient:** _________________

Referring Physician: ____

Referring Physician's Address: ____

Phone Number: ___________________________________ **Fax Number:** _________________________

Primary Care Physician: ____

Primary Care Physician's Address: ____

Phone Number: ___________________________________ **Fax Number:** _________________________

Reason for Referral: ____

____

____

Comments: ____

____

____

DATE OF APPOINTMENT: _______________________ **TIME:** ______________ **INITIALS:** ______________

MAIL DIRECTIONS: ___________________________ **TYPE OF CHART:** ____________________________

PLEASE INCLUDE MOST RECENT OFFICE NOTES AND PERTINENT LABORATORY RESULTS

revised 11/2013