Referral Tracking Log

Dr.: _____ **Month:** _____

Referral Date	Member Name & SSN	Health Plan	Type of Referral*	Reason for Referral/DX	Service Requested	Date Rec'd from UR	Status of Referral**	Date Patient Notified	Date Appt. Scheduled	Date Consult Report Rec'd	Date of Follow Up if Report not Received

* Type of Referral: Urgent, Emergent, or Routine

** Status of Referral: Approved, Modified, Deferred, Denied