Return to:

The Community Circle 1609 County Rd 42west, #395, Burnsville, MN 55306

Physician's Referral

Re: Patient_____

Ruth M. Myers, MD and her team provide various services to persons with developmental disabilities and complex needs. We have been invited to provide consultation on the above named individual. The process involves several hours of record review and direct observation and examination of the person and their environment. This sometimes allows for generation of ideas, some medical, which might not come up in the course of a more usual set of office visits. The purpose of the consultation is to provide new ideas and support the local teams. Our team is not designed to replace or criticize local care providers. We would also like to avoid repeating work that has already been completed. Ideally the primary care physician attends the actual consultation; however taking the time for a several hour meeting is obviously not always possible. Please note below any specific areas that you feel should be emphasized or addressed in the consultation.

Areas which should be addressed:

Specific Questions:

Printed Name of Primary Care Physician:

Signature:_____

Address:_____

Thank You!