Complete and send.

Reset Form

MAYO CLINIC

Appointment Request

International Appointment Office

SKI MEDI HELPLINE

TO BE SCANNED

(complete fields or place patient label here)

Patient Name (First Middle Last)	
Birth Date (mm-dd-yyyy)	Room Number (if applicable)
Mayo Clinic Number	

SKI Medi Helpline | Intake and referral coordination

Phone: +1 437-339-0447 Email: info@medhelped.com

Contact SKI Medi Helpline about your appointment request.

Instructions: For all appointment requests, include supporting documentation of your diagnosis (medical reports, provider summaries, or pathology or radiology reports, if available). If you are sending medical reports by email, they must be submitted in Word or PDF format.

Patient Information

☐ Mr. ☐ Ms. ☐ Mrs. ☐ Miss ☐ Dr.	Name (as it appears on passport) (Required)		
Are you a United States citizen? ☐ Yes ☐ No	Sex Assigned at Birth (Required)	Marital Status (Required)	
Street Address			
City	State/Province	ZIP/Postal Code	Country
Phone 1 (Required)	Phone 2	Email	
What is your primary language? (Required)	Do you need an interpreter? (Required) ☐ Yes ☐ No	Religion	
Race (Required)	Ethnicity (Required)	Country of Origin	
Employment Status (Required)	Employer Name		
Emergency Contact Name (First Middle Last) (Required)		Emergency Contact Phone	
Emergency Contact Email	Additional Contact Information		

Insurance Information

Do you have insurance? ☐ Yes ☐ No If "Yes," send us a copy of your insurance card, front and back.		
Insurance Company	Insurance Policy	Identification Number
Subscriber Name (First Middle Last)		Birth Date (mm-dd-yyyy)
Third-Party Administrator Name in the United States		Phone

Contact us by phone or email with any questions about your request. *Thank you for placing your trust in Mayo Clinic.*

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Appointment Request (continued)

(complete fields or place patient label here)

Patient Name (First Middle Last)
Birth Date (mm-dd-yyyy)
Mayo Clinic Number

Name (as it appears on passport) (Required)

Medical Information

Height (cm)	Weight (kg)	Are you diabetic? (Required) ☐ Yes ☐ No	Will you need dialysis during your visit? (Required) ☐ Yes ☐ No If "Yes," frequency:
Are you requesting an organ transplant? ☐ Yes ☐ No			Are you able to walk unassisted? (Required) ☐ Yes ☐ No
Do you use any equipment when moving (for example, wheelchair, walker, etc)? (Required) ☐ Yes ☐ No If "Yes," list equipment:			
List any medications you have taken recently, including dose and frequency.			

Mayo Clinic will schedule an evaluation based on the medical information you provide. If you have more than one medical concern, we will conduct a multisystem evaluation. Additional consultations, tests, and evaluations with specialists will be arranged based on your medical need. If you only have one medical concern with supporting medical records, Mayo Clinic may schedule you directly into a specialty area for evaluation.

What are the medical concerns you would like addressed at Mayo Clinic.
Indicate your goals and expectations for your Mayo Clinic evaluation.
List all testing and imaging you have had completed (for example, CT scans, MRIs, x-rays).

Save