

## PEDIATRIC SPECIALTY CENTER NEW PATIENT REFERRAL

ph 203-785-4081

Date: \_\_\_\_\_ # of pages: \_\_\_\_\_

**Listed are subspecialty sections and fax numbers. Please circle the service and fax to (203):**

Allergy/Immun	737-2805	Heme/Onc	737-2228	Rheumatology	785-3932
Cardiology	737-2786	Int'l Adopt.	737-5972	Spina Bifida	737-2236
Diabetes	764-6748	Nephrology	785-3462	Thyroid Center	737-5972
Endo/Obesity	764-9149	Neurology	737-2236		
GI	737-1384	Respiratory	785-6337		

**Provider Preference:** \_\_\_\_\_

Referral Time Frame Requested: 2 weeks \_\_\_\_\_ 2-6 weeks \_\_\_\_\_ 6 weeks \_\_\_\_\_

All attempts will be made to schedule the patient with the requested provider, however, time frame criteria takes precedence unless checked here ( ) **MAKE APPOINTMENT WITH REQUESTED MD ONLY.**

Pt previously discussed with \_\_\_\_\_ Attending \_\_\_\_\_ Fellow \_\_\_\_\_ PNP \_\_\_\_\_

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Town/state/zip:** \_\_\_\_\_

Language spoken in the home if other than English \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_

( ) Pertinent office records/growth chart attached

( ) Lab/x-ray reports attached (**GIVE PARENTS NON-FAXED RECORDS & X-RAYS TO BRING TO APPT**)

**Reason for referral/brief hx:** \_\_\_\_\_

**Medications:** \_\_\_\_\_

**Test results:** \_\_\_\_\_

**Parent/Guardian Name(s) #1** \_\_\_\_\_

#2 \_\_\_\_\_

Phone #1 Day \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

Phone #2 Day \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

**PLEASE INITIATE INSURANCE REFERRAL IF NECESSARY.**

**Insurance Company Name:** \_\_\_\_\_

Phone: \_\_\_\_\_ ID#: \_\_\_\_\_ Effective date: \_\_\_\_\_

**Parent/guardian name on policy:** \_\_\_\_\_

**Referring MD Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**PCP MD if different:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Other comments:** \_\_\_\_\_

**For office use only**

Date received: \_\_\_\_\_ Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_

Authorized by: \_\_\_\_\_

Parent/guardian notified: ( ) Yes Conversation \_\_\_\_\_ Message \_\_\_\_\_

( ) No Date: \_\_\_\_\_ Initials: \_\_\_\_\_

App't date/time faxed back to PCP: Date: \_\_\_\_\_ Initials: \_\_\_\_\_

Information letter sent to parent/guardian: Date: \_\_\_\_\_ Initials: \_\_\_\_\_