

Children's Physician Group



Provider referral form

Complete this form and fax it to 404-785-9111. Use one form for each patient.

If the patient needs to be seen within the next week, call 404-785-DOCS (3627) and do not fill out this form.

Urgent Non-urgent

Today's date

Patient's name: _____

Referral form completed by

Patient's date of birth: _____

Patient's gender: Male Female

Direct contact phone number

Parent/guardian's name: _____

Email

Cell phone: _____

Preferred method of communication for referring office (choose one):

Phone Email

Alternate phone: _____

Interpreter required: Yes No

If yes, provide the language: _____

Referring provider's name: _____

Office phone: _____

Office fax: _____

Referring provider's status with patient: PCP Not PCP

PCP name: _____

PCP phone: _____

Reason for referral: _____

Specialty needed (choose one):

Allergy and Immunology

- Allergy
- Immunology

Apnea

Cardiology: Pulmonary hypertension

Cardiothoracic Surgery

Child Advocacy

Craniofacial Surgery

Cystic Fibrosis (CF)

Dentistry and Orthodontics

Diabetes

Endocrinology

- Bone
- General endocrinology
- Lipid
- Transgender
- Turner syndrome

Gastroenterology

- Eosinophilic and allergic GI diseases
- Feeding (IEAT)
- General gastroenterology
- Growth problems
- Inflammatory bowel disease (Crohn's and ulcerative colitis)
- Intestinal rehabilitation

General Surgery

Gynecology

Hematology/Oncology

Hepatology

- General liver
- Liver transplant

Infectious Diseases

Nephrology

- General nephrology
- Hypertension
- Kidney transplant

Neurology

- General neurology
- Headache
- Neurocutaneous
- Neuromuscular
- New onset seizures

Neuropsychology

Neurosurgery

Otolaryngology (ENT)

Physiatry/rehab

Plastic Surgery

Pulmonology

- Pulmonology/asthma
- Synagis
- Technology dependent

Rheumatology

- General rheumatology
- Juvenile idiopathic arthritis (JIA)

Sleep

Specialty clinics

- 22q Deletion
- Aerodigestive
- Brachial Plexus
- Cerebral Palsy
- Craniofacial
- Craniofacial Feeding
- Craniofacial Speech
- Cystic Fibrosis (CF)
- Dermatology
- Developmental Progress
- Epilepsy/Ketogenic Diet
- Genetics/Skeletal Disorders
- Medically Complex
- Muscular Dystrophy
- Neurofibromatosis
- Neurogastroenterology and Motility
- Neuro Spine
- Pain Relief
- Pelvic and Anorectal
- Physiatry/Rehab
- Spasticity
- Spina Bifida
- Strong4Life
- Technology Dependent Pulmonary
- Tuberous Sclerosis
- Vascular Anomalies
- Other

If other, specify: _____

Indicate preferred provider and reason for preference, if applicable: _____

Fax relevant clinic notes, patient demographics and imaging/diagnostic tests to 404-785-9111.

Was the patient's diagnostic testing (related to this referral) performed at Children's? Yes No

If yes, please do not fax these records.