

Children's Physician Group— Pulmonology



Children'sSM
Healthcare of Atlanta

2021-2022 Synagis Enrollment Form

****PLEASE include a copy of insurance/Medicaid card and NICU discharge summary.****

Today's date

Referral form completed by

Direct contact phone number

Pediatrician name

Practice name

Practice zip code

Pediatrician phone number

Pediatrician fax number

Referring physician name
(if different than pediatrician)

Patient's name: _____ Gender: M F

Parent/guardian names: _____

Address: _____

Phone (H): _____ (W): _____ (C): _____

Primary insurance name/ID#: _____

Policy holder's name: _____ DOB: _____

Secondary insurance name/ID#: _____

PATIENT INFORMATION

Date of birth: _____ Gestational age: _____ weeks _____ days

Birth hospital: _____ NICU discharge date: _____

Birth weight: _____ lb/kg Current weight: _____ lb/kg

Current height: _____ in/cm Date weight and height were taken: _____

Has this child received Synagis this season? Yes No Date: _____

AAP GUIDELINE ASSESSEMENT (select appropriate qualifying description)

Prematurity: Born before 29 weeks gestation and birthdate after 10/1/2020.

CLD First Year of Life: Born before 32 weeks gestation and has chronic lung disease (CLD) with a requirement for supplemental oxygen for at least the first 28 days of life and birthdate after 10/1/2020.

CLD Second Year of Life: Born before 32 weeks gestation and has CLD with a requirement for supplemental oxygen for at least the first 28 days of life and birthdate after 10/1/2019 and has required treatment with chronic corticosteroids, diuretics or oxygen after 4/1/2021.

Medications: _____

CHD: Hemodynamically significant congenital heart disease (CHD) and birthdate after 10/1/2020 with written recommendation indicating need for Synagis from cardiologist.

Cyanotic Acyanotic

Diagnosis: _____ Diagnosis code: _____

Neuromuscular/airway: Neuromuscular disease or congenital anomaly that impairs ability to clear airway secretions and born after 10/1/2020.

Diagnosis: _____ Diagnosis code: _____

REFERRAL INSTRUCTIONS

Select your preferred location and fax this form to [404-785-0596](tel:404-785-0596). Contact Jessica Van Emburgh, Synagis Coordinator, at 404-785-0588 ext. 11721 with questions.

Center for Advanced Pediatrics

Mount Vernon Highway