Children's Physician Group



Provider referral form

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

If your patient's condition warrants a clinic visit within the next week or a potential hospitalization, contact our Physician-to-Physician service at 404-785-DOCS (3627) to receive input from one of our pediatric subspecialists prior to completing this form.

	□ Urgent □ Non-urgent
Today's date	Patient's name:
	Patient's date of birth:
Referral form completed by	
	Patient's gender: □ Male □ Female
Pirect contact phone number	Parent/guardian's name:
	Cell phone:
Email	Alternate phone:
Preferred method of	Automate profile.
communication for referring office	Interpreter required: □ Yes □ No
(choose one): □ Phone □ Email	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:
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Allergy and immunology	□ Gynecology	□ Sleep
□ Allergy	□ Hematology/oncology	Specialty clinics
□ Immunology	□ Infectious diseases	□ Aerodigestive
□ Apnea		□ Brachial Plexus
☐ Cardiology: pulmonary hypertension	□ Interventional radiology	□ Cerebral Palsy
□ Cardiothoracic surgery	Nephrology	□ Craniofacial
	☐ General nephrology	□ Craniofacial Feeding
□ Child advocacy	☐ Hypertension	□ Craniofacial Speech
□ Craniofacial surgery	☐ Kidney transplant	□ Chronic Pain
□ Cystic fibrosis	Neurology	Developmental ProgressDifferences of Sex Development
□ Dentistry and orthodontics	□ Developmental neurology	□ Epilepsy/Ketogenic Diet
Endocrinology	☐ General neurology☐ Headache	□ Genetics
□ Bone		☐ Medically Complex
□ Diabetes	□ Neurocutaneous□ Neuromuscular	□ Muscular Dystrophy
□ General endocrinology	□ New onset seizures	□ Neurofibromatosis
□ Lipid		 Neurogastroenterology and Motility
□ Turner syndrome	□ Neuropsychology	□ Neuro Spine
Gastroenterology and hepatology	□ Neurosurgery	 Osteogenesis Imperfecta
Gastroenterology:	 Orthopedics and sports 	 Pelvic and Anorectal (Colorectal)
□ Abdominal pain	medicine	☐ Skeletal Dysplasia
□ Blood in stool	□ Otolaryngology	□ Spasticity
□ Celiac disease	□ Physiatry	□ Spina Bifida
□ Crohn's and ulcerative colitis (IBD)		☐ Strong4Life☐ Tuberous Sclerosis
□ Cystic fibrosis	□ Plastic surgery	☐ Vascular Anomalies
□ Eosinophilic (EoE) disorders	Pulmonology	U Vasculai Allollialles
□ Feeding issues, tube feeds	□ Pulmonology/asthma	
Pancreas disorders Pancreas disorders	☐ Synagis☐ Tochnology donondont	
Poor weight gain, failure to thrive	☐ Technology-dependent	
□ Reflux, heartburn, swallowing□ Stool issues (constipation, diarrhea)	Rheumatology	
□ Other	☐ Joint pain and swelling	
	☐ Muscle weakness	
Hepatology:	□ Recurrent fevers□ Rash	
□ Abnormal liver test	□ Uveitis	
□ Biliary atresia□ CF liver disease	☐ Abnormal labs (must be included)	
□ Cholestasis	□ Other	
□ Direct hyperbilirubinemia		
□ Elevated or abnormal liver enzymes	Indicate preferred provider an	d reason for preference, if applicable:
□ Fontan		
□ Hepatitis		
□ Jaundice		
□ Liver transplant	Fax relevant clinic notes, pati	ent demographics and imaging/
□ Obesity related liver disease (NAFLD)	Fax relevant clinic notes, patient demographics and imaging/diagnostic tests to 404-785-9111.	

□ Yes □ No