

Children's Physician Group



Children'sSM
Healthcare of Atlanta

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: _____

Direct contact phone number

Patient's gender: Male Female

Email

Parent/guardian's name: _____

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
- Dentistry and orthodontics
- Diabetes

Endocrinology

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

Gastroenterology and Hepatology

Gastroenterology:

- Abdominal pain
- Blood in stool
- Celiac disease
- Crohn's and ulcerative colitis (IBD)
- Cystic fibrosis
- Eosinophilic (EoE) disorders
- Feeding issues, tube feeds
- Pancreas disorders
- Poor weight gain, failure to thrive
- Reflux, heartburn, swallowing
- Stool issues (constipation, diarrhea)
- Other

Hepatology:

- Abnormal liver test
- Biliary atresia
- CF liver disease
- Cholestasis
- Direct hyperbilirubinemia
- Elevated or abnormal liver enzymes
- Fontan
- Hepatitis
- Jaundice
- Liver transplant
- Obesity related liver disease (NAFLD)
- Other

General surgery

- Gynecology**
- Hematology/oncology**
- Infectious diseases**

Nephrology

- General nephrology
- Hypertension
- Kidney transplant

Neurology

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

Neuropsychology

Neurosurgery

Orthopaedics and sports medicine

Otolaryngology

Physiatry

Plastic surgery

Pulmonology

- Pulmonology/asthma
- Synagis
- Technology-dependent

Rheumatology

- General rheumatology
- Juvenile idiopathic arthritis

Sleep

Specialty clinics

- 22q Deletion
- Aerodigestive
- Cerebral Palsy
- Craniofacial
- Craniofacial Feeding
- Craniofacial Speech
- Developmental Progress
- Differences of Sexual Development
- Epilepsy/Ketogenic Diet
- Genetics
- Medically Complex
- Muscular Dystrophy
- Neurofibromatosis
- Neurogastroenterology and Motility
- Neuro Spine
- Pain Relief
- Pelvic and Anorectal (Colorectal)
- Skeletal Dysplasia
- Spasticity
- Spina Bifida
- Strong4Life
- 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? If yes, please do not fax these records.

- Yes No