

## Pediatric One-Call Center New Patient Referral Form

Date: \_\_\_\_\_

Please complete this form in its entirety and fax it to 203-737-7635 along with pertinent medical records.

Note: All services listed below are included in the One-Call Program. See FAQ Sheet for other Pediatric Programs.

### Consult Requested For (check all that apply):

**Adolescent Comprehensive Care**

Eating Disorders

**Adoption (see Developmental & Behavioral)**

**Aerodigestive Program**

- Aerodigestive - ENT
- Aerodigestive - GI
- Aerodigestive - Respiratory Medicine
- Aerodigestive - Surgery

**Allergy/Immunology**

- Allergy
- Immunology

**Cardiology**

- Adult Congenital Heart
- Arrhythmia/Pacemaker
- Cardiogenetics
- General Cardiology
- Heart Failure
- Kawasaki Disease

**Developmental & Behavioral**

- Adoption/Foster Care
- Autism
- Young Child DBP Problems
- School Age DBP Problems

**Endocrinology**

- Gender Center
- General Endocrinology
- Metabolic Bone Disorders
- Obesity/PCOS
- Type 1 Diabetes
- Type 2 Diabetes

**GI/Hepatology**

- Celiac Disease
- General GI
- Hepatology/Metabolic Liver
- Inflammatory Bowel Disease

**Hematology/Oncology**

- Bone Marrow Transplant
- Coagulation Disorders
- General Hematology
- General Oncology
- Hemophilia
- HEROS Clinic
- Neuro-Oncology
- Sickle Cell

**Infectious Diseases**

- General Infectious Diseases

**Integrative Medicine**

- Adult & Pediatric Integrative Medicine

**MDA/Neuromuscular**

- MDA - Cardiology
- MDA - Neurology
- MDA - Orthopedics
- MDA - Respiratory

**Neonatal-Perinatal Medicine**

- NICU GRAD Program

**Nephrology**

- Dialysis Management
- General Nephrology
- Kidney Transplant

**Neurology**

- General Neurology
- Headaches
- Spina Bifida
- Stroke

**Respiratory Medicine**

- Asthma
- BPD
- CF
- CPAP/BiPAP
- Exercise Induced Bronchoconstriction
- General Respiratory
- Sleep Disorders

**Rheumatology**

- General Rheumatology

**Spina Bifida (see Neurology)**

**Patient Name:** \_\_\_\_\_ **Gender:** M    F    **DOB:** \_\_\_\_\_

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

**Parent/Guardian Name(s):** \_\_\_\_\_

**Phone: (Home)** \_\_\_\_\_ **(Work)** \_\_\_\_\_ **(Cell)** \_\_\_\_\_

**Primary Language if other than English:** \_\_\_\_\_ **Interpreter Req:**  Yes  No

**Brief Medical History/Reason for Referral:** \_\_\_\_\_

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

**PCP/Referring Provider Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

For additional copies, go to: (<http://yalemedicalgroup.org/refer/pediatricspecialty/index.aspx> or <http://pediatrics.yale.edu>).

Yale Pediatric Call Center - Phone: 203-785-4081/Fax: 203-737-7635