

# Children's Physician Group— Pulmonology



Children's<sup>SM</sup>  
Healthcare of Atlanta

## 2020-2021 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 10/1/2019.

**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 10/1/2019.

**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 10/1/2018 and has required treatment with chronic corticosteroids, diuretics or oxygen after 4/1/2020.

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

**CHD:** Hemodynamically significant congenital heart disease (CHD) and birthdate after 10/1/2019 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 10/1/2019.

Diagnosis: \_\_\_\_\_ Diagnosis code: \_\_\_\_\_

### REFERRAL INSTRUCTIONS

Select your preferred practice and fax this form to [404-785-0596](tel:404-785-0596). Contact one of our Synagis Coordinators with questions.

**Center for Advanced Pediatrics:** Winnie Nwanze, P: 404-785-3248

**Mount Vernon Highway and Alpharetta:** Jessica Van Emburgh,  
P: 404-785-0588 ext.11721, **F: 404-785-0596**