

# Pulmonology



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

## 2025-2026 Synagis Enrollment Form

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

_____	Patient's name: _____	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Today's date	Parent/guardian names: _____	
_____	Address: _____	
Referral form completed by	Phone (H): _____ (W): _____ (C): _____	
_____	Primary insurance name/ID#: _____	
Direct contact phone number	Policy holder's name: _____ DOB: _____	
_____	Secondary insurance name/ID#: _____	
Pediatrician name	<b>PATIENT INFORMATION</b>	
_____	Date of birth: _____ Gestational age: _____ weeks _____ days	
Practice name	Birth hospital: _____ NICU discharge date: _____	
_____	Birth weight: _____ lb/kg Current weight: _____ lb/kg	
Practice zip code	Current height: _____ in/cm Date weight and height were taken: _____	
_____	Has this child received Synagis this season? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____	
Pediatrician phone number	Has this child received Beyfortus this season? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____	
_____	<b>AAP GUIDELINE ASSESSEMENT</b> (select appropriate qualifying description)	
Pediatrician fax number	<input type="checkbox"/> <b>Prematurity:</b> Born before 29 weeks gestation <u>and</u> birthdate after 10/1/2024.	
_____	<input type="checkbox"/> <b>CLD First Year of Life:</b> Born before 32 weeks gestation <u>and</u> has chronic lung disease (CLD) with a requirement for supplemental oxygen for at least the first 28 days of life <u>and</u> birthdate after 10/1/2024.	
Referring physician name (if different than pediatrician)	<input type="checkbox"/> <b>CLD Second Year of Life:</b> Born before 32 weeks gestation <u>and</u> has CLD with a requirement for supplemental oxygen for at least the first 28 days of life <u>and</u> birthdate after 10/1/2023 <u>and</u> has required treatment with chronic corticosteroids, diuretics or oxygen after 4/1/2025. Medications: _____	
	<input type="checkbox"/> <b>CHD:</b> Hemodynamically significant congenital heart disease (CHD) requiring congestive heart failure medical management <u>and</u> birthdate after 10/1/2024. <input type="checkbox"/> Cyanotic or acyanotic heart disease <input type="checkbox"/> Moderate to severe pulmonary hypertension	
	<input type="checkbox"/> <b>Neuromuscular/airway:</b> Neuromuscular disease or congenital anomaly that impairs ability to clear airway secretions <u>and</u> birthdate after 10/1/2024. Diagnosis: _____ Diagnosis code: _____	
	<input type="checkbox"/> <b>Cystic fibrosis:</b> CF with clinical evidence of CLD and/or nutritional compromise for which they are receiving treatment and born after 10/1/2024.	

### AAP GUIDELINE ASSESSEMENT (select appropriate qualifying description)

- Prematurity:** Born before 29 weeks gestation and birthdate after 10/1/2024.
- 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 10/1/2024.
- 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 10/1/2023 and has required treatment with chronic corticosteroids, diuretics or oxygen after 4/1/2025.  
Medications: \_\_\_\_\_
- CHD:** Hemodynamically significant congenital heart disease (CHD) requiring congestive heart failure medical management and birthdate after 10/1/2024.
  - Cyanotic or acyanotic heart disease
  - Moderate to severe pulmonary hypertension
- Neuromuscular/airway:** Neuromuscular disease or congenital anomaly that impairs ability to clear airway secretions and birthdate after 10/1/2024.  
Diagnosis: \_\_\_\_\_ Diagnosis code: \_\_\_\_\_
- Cystic fibrosis:** CF with clinical evidence of CLD and/or nutritional compromise for which they are receiving treatment and born after 10/1/2024.

### REFERRAL INSTRUCTIONS

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

- Mount Vernon Highway**  **Center for Advanced Pediatrics**