

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 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: _____

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**

Endocrinology

- Bone
- Diabetes
- General endocrinology
- Lipid
- 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**
- Interventional radiology**

Nephrology

- General nephrology
- Hypertension
- Kidney transplant

Neurology

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

Neuropsychology

Neurosurgery

Orthopedics and sports medicine

Otolaryngology

Physiatry

Plastic surgery

Pulmonology

- Pulmonology/asthma
- Synagis
- Technology-dependent

Rheumatology

- Joint pain and swelling
- Muscle weakness
- Recurrent fevers
- Rash
- Uveitis
- Abnormal labs (must be included)
- Other

Sleep

Specialty clinics

- Aerodigestive
- Brachial Plexus
- Craniofacial
- Craniofacial Feeding
- Craniofacial Speech
- Chronic Pain
- Developmental Progress
- Differences of Sex Development
- Epilepsy/Ketogenic Diet
- Genetics
- Medically Complex
- Muscular Dystrophy
- Neurofibromatosis
- Neurogastroenterology and Motility
- Neuro Spine
- Osteogenesis Imperfecta
- Pelvic and Anorectal (Colorectal)
- Skeletal Dysplasia
- Spasticity/CP
- Spina Bifida
- Strong4Life
- Tuberous Sclerosis
- Vascular Anomalies

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