

Children's Physician Group— Pulmonology



Children'sSM
Healthcare of Atlanta

2017-2018 Synagis Enrollment Form

Include a copy of insurance/Medicaid card and NICU discharge summary.

_____	Patient's name: _____
Today's date	Parent/guardian names: _____
_____	Address: _____
Referral form completed by	Phone (H): _____ (W): _____ (C): _____
_____	Primary insurance name/ID#: _____
Direct contact phone number	Secondary insurance name/ID#: _____

Pediatrician name	PATIENT INFORMATION
_____	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	Height: _____ in/cm Date of weight: _____
_____	Has this child received Synagis this season? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____
Pediatrician phone number	

Pediatrician fax number	

Referring physician name (if different than pediatrician)	

AAP GUIDELINE ASSESSEMENT (select appropriate qualifying description)

- Prematurity:** Born before 29 weeks gestation and birthdate after 10/1/2016.
- 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 10/1/2016.
- 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 10/1/2015 and has required treatment with chronic corticosteroids, diuretics or oxygen after 4/1/2017.
Medications: _____
- CHD:** Hemodynamically significant congenital heart disease (CHD) and birthdate after 10/1/2016 with written recommendation indicating need for Synagis from cardiologist.
Diagnoses: _____
- Neuromuscular/airway:** Neuromuscular disease or congenital anomaly that impairs ability to clear airway secretions and born after 10/1/2016.
Diagnoses: _____

REFERRAL INSTRUCTIONS

Select your preferred practice and fax this form to the appropriate number listed below. Contact one of our Synagis Coordinators with questions.

- North Druid Hills:** Gloria Pacheco, P: 404-785-3248, **F: 404-785-9111**
- Lake Hearn, Alpharetta and Athens:** Jessica Van Emburgh (Brignet), P: 404-785-0588 ext.11721, **F: 404-785-0596**