

# Children's Physician Group

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

## Provider referral form

Complete this form and fax it to 404-785-9111. Use one form for each patient.

**If the patient needs to be seen within the next week, call 404-785-DOCS (3627) and do not fill out 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**
- Diabetes**

**Endocrinology**

- Bone
- General endocrinology
- Lipid
- Transgender
- Turner syndrome

**Gastroenterology**

- Eosinophilic and allergic GI diseases
- Feeding (IEAT)
- General gastroenterology
- Growth problems
- Inflammatory bowel disease (Crohn's and ulcerative colitis)
- Intestinal rehabilitation
- General surgery**
- Gynecology**
- Hematology/oncology**

**Hepatology**

- General liver
- Liver transplant
- Infectious diseases**

**Nephrology**

- General nephrology
- Hypertension
- Kidney transplant

**Neurology**

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

**Neuropsychology**

**Neurosurgery**

**Orthopaedics and sports medicine**

**Otolaryngology**

**Physiatry**

**Plastic surgery**

**Pulmonology**

- Pulmonology/asthma
- Synagis
- Technology-dependent

**Rheumatology**

- General rheumatology
- Juvenile idiopathic arthritis

**Sleep**

**Specialty clinics**

- 22q Deletion
- Aerodigestive
- Cerebral Palsy
- Craniofacial
- Craniofacial Feeding
- Craniofacial Speech
- Developmental Progress
- Epilepsy/Ketogenic Diet
- Genetics/Skeletal Disorders
- Medically Complex
- Muscular Dystrophy
- Neurofibromatosis
- Neurogastroenterology and Motility
- Neuro Spine
- Pain Relief
- Pelvic and Anorectal
- Spasticity
- Spina Bifida
- Strong4Life
- Tuberous Sclerosis
- Vascular Anomalies
- Other

If other, specify: \_\_\_\_\_  
\_\_\_\_\_

Indicate preferred provider and reason for preference: \_\_\_\_\_

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**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?  Yes  No

If yes, please do not fax these records.