REQUEST FOR SPECIALTY SERVICES

Cincinnati Children's Hospital Medical Center

3333 Burnet Ave., MLC 9014
Cincinnati, OH 45229-3039
1-800-344-2462
Forms: www.cincinnatichildrens.org/consults

FAX form to 513-803-1111 or 1-866-877-8905

(After faxing form, encourage family to call for appointment.)

PATIENT INFORMATION

Patient's name _____ CCHMC MR # _____ (If available)

Date of Birth _____ Home Phone _____ Alt Phone _____

REASON FOR REQUEST

Reason for request / Specific question(s) to be answered:

1. _____

2. _____

History / Symptoms / Potential diagnosis / Special needs: _____

_____

_____

_____

☐ Check here if additional clinical information is included with this request.

SERVICES REQUESTED

- ☐ Abnormal Weight Gain
- ☐ Adolescent Medicine/Teen Health Center
- ☐ Aerodigestive
- ☐ Allergy Clinic
- ☐ Audiology (Hearing)
- ☐ Behavioral Medicine & Clinical Psychology
- ☐ Brachial Plexus Clinic
- ☐ Breast Feeding Clinic
- ☐ Cardiology
- ☐ Cardiothoracic Surgery
- ☐ Chronic Pain Management
- ☐ Colorectal Surgery
- ☐ Comprehensive Weight Management Center
- ☐ Craniofacial Center
- ☐ Dentistry
- ☐ Dermatology
- ☐ Developmental & Behavioral Pediatrics
- ☐ Diabetes [1]
- ☐ Diagnostic Clinic
- ☐ Endocrinology[1]
- ☐ ENT (Otolaryngology)
- ☐ Feeding Team
- ☐ Fetal Surgery
- ☐ Gastroenterology-GI [1]
- ☐ Gynecology (Pediatric & Adolescent)
- ☐ Healthworks! [1]
- ☐ Hemangioma & Vascular Malformation Team
- ☐ Hematology-Oncology [1]
- ☐ Human Genetics
- ☐ Hypertension / Cholesterol Clinic
- ☐ Infectious Diseases-ID [1]
- ☐ International Adoption Center-IAC
- ☐ Mayerson Center for Safe & Healthy Children
- ☐ Nephrology
- ☐ Neurology
- ☐ Neurosurgery
- ☐ Nutrition[1]
- ☐ Ophthalmology/Eye Clinic
- ☐ Orthopaedics
- ☐ Perlman Center/United Cerebral Palsy
- ☐ Physical Medicine & Rehabilitation
- ☐ Plastic Surgery
- ☐ Psychiatry
- ☐ Pulmonary Medicine
- ☐ Rheumatology
- ☐ Sleep Center
- ☐ Sports Medicine
- ☐ Surgery (General & Thoracic Surgery)
- ☐ Urology
- ☐ Other_____

[1] Please include copy of patient's growth charts.

Do you want this patient scheduled with a specific provider? ☐ Yes ☐ No If so, with whom? _____

*(**Note:** Requesting a specific provider may cause delays in appointment scheduling.)*

It is Cincinnati Children's goal to have routine appointments available within 10 days; however, not all divisions have achieved this goal. If it is medically necessary for this patient to be seen urgently by a physician, call Physician Priority Link 888-636-7997.

REQUESTING PRACTITIONER / GROUP

Office Name _____ Physician Name _____

Office Address _____ Telephone _____

_____ Fax _____