



# REQUEST FOR SPECIALTY SERVICES

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

3333 Burnet Ave., MLC 9014  
Cincinnati, OH 45229-3039  
1-800-344-2462

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

Forms: <http://www.cincinnatichildrens.org/referrals>

## PATIENT INFORMATION

Today's Date \_\_\_\_\_ CCHMC MR # \_\_\_\_\_ (if available)  
Patient's Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Patient Gender \_\_\_\_\_ Mother's Name \_\_\_\_\_  
Home Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_

## REASON FOR REQUEST

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

- \_\_\_\_\_
- \_\_\_\_\_

History / Symptoms / Potential diagnosis / Special needs: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Check here if additional clinical information is included with this request. **Please include ALL pertinent documentation.**

## SERVICES REQUESTED

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Abnormal Weight Gain  | <input type="checkbox"/> Dermatology <sup>3</sup>                    | <input type="checkbox"/> Neurosurgery                          |
| <input type="checkbox"/> ADHD Center   | <input type="checkbox"/> Developmental & Behavioral Pediatrics       | <input type="checkbox"/> Nutrition <sup>1</sup>                |
| <input type="checkbox"/> Adolescent Medicine/Teen Health Center                                    | <input type="checkbox"/> Diabetes <sup>1</sup>                       | <input type="checkbox"/> Ophthalmology/Eye Clinic              |
| <input type="checkbox"/> Aerodigestive   | <input type="checkbox"/> Endocrinology <sup>1</sup>                  | <input type="checkbox"/> Orthopaedics                          |
| <input type="checkbox"/> Allergy Clinic  | <input type="checkbox"/> ENT (Otolaryngology) <sup>2</sup>           | <input type="checkbox"/> Perlman Center/Cerebral Palsy Program |
| <input type="checkbox"/> Behavioral Medicine & Clinical Psychology                                 | <input type="checkbox"/> Feeding Team <sup>1</sup>                   | <input type="checkbox"/> Physical Medicine & Rehab (not OT/PT) |
| <input type="checkbox"/> Brachial Plexus Clinic  | <input type="checkbox"/> Fetal Surgery                               | <input type="checkbox"/> Plastics/Oral Surgery                 |
| <input type="checkbox"/> Breast Feeding Clinic   | <input type="checkbox"/> Gastroenterology-GI <sup>1</sup>            | <input type="checkbox"/> Psychiatry                            |
| <input type="checkbox"/> Cardiology  | <input type="checkbox"/> Gynecology (Pediatric & Adolescent)         | <input type="checkbox"/> Pulmonary Medicine                    |
| <input type="checkbox"/> Cardiothoracic Surgery  | <input type="checkbox"/> Hemangioma & Vascular Malformation Team     | <input type="checkbox"/> Rheumatology                          |
| <input type="checkbox"/> Center for Better Health and Nutrition <sup>1</sup> (CBHN) – Non Surgical | <input type="checkbox"/> Hematology-Oncology <sup>1</sup>            | <input type="checkbox"/> Sleep Center                          |
| <input type="checkbox"/> Cerebral Palsy Clinic   | <input type="checkbox"/> Human Genetics                              | <input type="checkbox"/> Sports Medicine                       |
| <input type="checkbox"/> Chronic Pain Management   | <input type="checkbox"/> Hypertension / Cholesterol Clinic           | <input type="checkbox"/> Surgery (General & Thoracic Surgery)  |
| <input type="checkbox"/> Chronic Pain Management – FIRST program                                   | <input type="checkbox"/> Infectious Diseases-ID <sup>1</sup>         | <input type="checkbox"/> Urology                               |
| <input type="checkbox"/> Colorectal Surgery  | <input type="checkbox"/> International Adoption Center-IAC           | <input type="checkbox"/> Weight Loss Program - Surgical        |
| <input type="checkbox"/> Concussion/Head Injury/BRAIN Center                                       | <input type="checkbox"/> Mayerson Center for Safe & Healthy Children | <input type="checkbox"/> Other _____                           |
| <input type="checkbox"/> Craniofacial Center   | <input type="checkbox"/> Nephrology                                  | _____  |
| <input type="checkbox"/> Dentistry   | <input type="checkbox"/> Neurology                                   | _____  |

<sup>1</sup> Please include copy of patient's growth charts

<sup>2</sup> For FEES, VPI, or Voice Clinic, call 513-636-0336

<sup>3</sup> Please include ALL pertinent documentation

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

Requesting Practitioner Name \_\_\_\_\_  
Provider NPI (if new referring provider) \_\_\_\_\_  
Primary Care Physician Name (if different) \_\_\_\_\_  
Office Name \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Office Address \_\_\_\_\_

Signature/Credentials of Ordering Practitioner (Optional)

Printed Name

Date/Time

