PHYSICIAN REFERRAL FAX REQUEST FOR EVALUATION IN THE EMERGENCY DEPARTMENT

(NOT for use when referring patients to a CCHMC urgent care site)

Fax to 513-636-4050 Please call 513-636-1111 Option #2 to confirm receipt of Fax Referral has been received

REQUIRED INFORMATION FOR REFERRAL

Patient's CCHMC Medical Record Number ______________________ **OR**

Patient First Name ______________________

Patients Last Name ______________________

Patient DOB: ______________________

Gender: ☐ Female ☐ Male

Name of Patient's Parent/Legal Guardian ______________________

Select Appropriate Facility

☐ **Burnet Campus**

☐ **Liberty Campus**

Chief Complaint/Reason for Referral: ______________________

Refer To: ☐ Emergency Medicine ☐ Emergency Medicine + consult ☐ Sub specialist/other ☐ Test Only

***You must notify any consultants/sub specialists before initiating a referral to the Emergency Department*.**

Sub specialist/Consultant Name: ______________________ **Service:** ______________________

Pager/Phone Number: ______________________ or ☐ page on-call physician/resident

Referring Physician: ______________________ **Office/pager** (______) ______________________

After Hours ____:____ **AM/PM Call** (______) ______________________

Callback Instructions: ☐ After MD assessment (prior to labs and tests) ☐ After ED evaluation ☐ Only if concerns or admitted ☐ No callback requested

Callback Physician: ☐ Same as referring physician ☐ On call for practice

Callback Phone Number: ☐ Same as office number ☐ Same as after hours number ☐ Other (______) ______________________

Call back after six hours if patient does not arrive? (Calls are made between 9 AM and midnight) ☐ Yes ☐ No

Patient Transferred From: ☐ Home ☐ MD office ☐ Other: ______________________

Clinical information (use additional sheets if necessary): ______________________

____

____

____

Labs/X-rays/Treatments

☐ CBC ☐ Blood culture ☐ Urinalysis ☐ Urine culture ☐ Lumbar puncture

☐ Electrolytes ☐ Chest-x-ray ☐ IV fluids ☐ Other______________________

Cincinnati Children's Hospital Medical Center Emergency Department 3333 Burnet Avenue Cincinnati, OH 45229-3039