REQUEST FOR SPECIALTY SERVICES

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

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

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

PATIENT INFORMATION

Today's Date _____ CCHMC MR # _____ (if available)

Patient's Name_____

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. **Please include ALL pertinent documentation.**

SERVICES REQUESTED

- ☐ Abnormal Weight Gain
- ☐ ADHD Center
- ☐ Adolescent Medicine/Teen Health Center
- ☐ Aerodigestive
- ☐ Allergy Clinic
- ☐ Behavioral Medicine & Clinical Psychology
- ☐ Brachial Plexus Clinic
- ☐ Breast Feeding Clinic
- ☐ Cardiology
- ☐ Cardiothoracic Surgery
- ☐ Center for Better Health and Nutrition[1] (CBHN) – Non Surgical
- ☐ Cerebral Palsy Clinic
- ☐ Chronic Pain Management
- ☐ Colorectal Surgery
- ☐ Craniofacial Center
- ☐ Dentistry
- ☐ Dermatology [3]
- ☐ Developmental & Behavioral Pediatrics
- ☐ Diabetes [1]
- ☐ Endocrinology[1]
- ☐ ENT (Otolaryngology)[2]
- ☐ Feeding Team [1]
- ☐ Fetal Surgery
- ☐ Gastroenterology-GI [1]
- ☐ Gynecology (Pediatric & Adolescent)
- ☐ Head Injury Clinic
- ☐ 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
- ☐ Neurology
- ☐ Neurosurgery
- ☐ Nutrition[1]
- ☐ Ophthalmology/Eye Clinic
- ☐ Orthopaedics
- ☐ Perlman Center/Cerebral Palsy Program
- ☐ Physical Medicine & Rehab (not OT/PT)
- ☐ Plastic Surgery
- ☐ Psychiatry
- ☐ Pulmonary Medicine
- ☐ Rheumatology
- ☐ Sleep Center
- ☐ Sports Medicine
- ☐ Surgery (General & Thoracic Surgery)
- ☐ Urology
- ☐ Weight Loss Program - Surgical
- ☐ Other_____

_____

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

[2] For FEES, VPI, or Voice Clinic, call 513-636-4355, option #2.

[3] 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 _____

Primary Care Physician Name (if different) _____

Office Name _____ Telephone _____ Fax _____

Office Address _____

Signature/Credentials of Ordering Practitioner Time/Date