

INFORMATION NECESSARY TO PROCESS A NEW PATIENT REFERRAL

MEDICAL SPECIALTIES	LABS	RADIOLOGY	GROWTH CHART	OFFICE NOTES	OTHER
Adolescent Medicine	X		X (need ht+wt+BMI chart)	X	<i>Eating disorder form, vital signs</i>
Aerodigestive	X	X	X	X	
Cardiology	X		X (if available)	X (most recent)	<i>EKG (if available), <1yr: newborn screen/prenatal or perinatal</i>
Developmental + Behavioral				X	<i>Developmental eval reports incl. Birth to 3/Autism/school notes</i>
Endocrinology	X	X	X (incl. weight chart)	X	<i>Bone age x-ray, ultrasound</i>
Gastroenterology	X	X	X	X	
Genetics	X	X	X	X	<i>Genetic test results</i>
Hematology/Oncology	X	X (if available)	X (if available)	X	<i>Family hx + surgical report (if available)</i>
Infectious Diseases	X		X	X	<i>Vaccine records</i>
Neurology		X		X	<i>Outside EEG (if available)</i>
Nephrology	X	X		X	<i>Ultrasound</i>
Ophthalmology				X	
Pulmonary	X (if available)	X	X	X	
Pain Medicine	X	X		X	<i>Other providers involved in care + contact info</i>
Rheumatology	X (if available)	X		X	
SCAN: Medical Child Abuse					
Weight Management	X		X	X	
SURGICAL SERVICES	LABS	RADIOLOGY	GROWTH CHART	OFFICE NOTES	OTHER
Fetal Care Center	X (if available)	X (if available)		X	<i>Any notes/reports from MFM</i>
General Surgery		X (if available)			
Neurosurgery		X	X	X	<i>CT scan, head circumference if applicable</i>
Orthopedic Surgery		X		X	
Otolaryngology				X	
Plastic Surgery		X (if available)			
Urology	X (if available)			X	<i>Ultrasound, most recent urine cultures</i>