



Connecticut Children's
MEDICAL CENTER

Connecticut Children's Referral Form

Phone: 1.833.PEDS.NOW (1.833.733.7669) Fax: 1.833.CCMC.FAX (1.833.226.2329)

connecticutchildrens.org

MEDICAL & SURGICAL SPECIALTIES

Please place a check mark next to the specialty which you are referring your patient to:

- Adolescent Medicine
- Aerodigestive Team
- Cardiac Services*
- Craniofacial Team
- Developmental Pediatrics
- Endocrinology
- Food Allergy Program
- Gastroenterology
- Genetics
- Hematology/Oncology
- Infectious Diseases/Immunology
- Nephrology
- Neurology
- Neurosurgery
- Ophthalmology
- Orthopedics
- Otolaryngology
- Pain Medicine
- Physiatry
- Pulmonary Medicine
- Rheumatology
- Sleep Medicine
- Sports Medicine
- Surgery
- Suspected Child Abuse & Neglect** (SCAN)
- Travel Medicine
- Urology
- Weight Management
- Other

Medical Records (Labs, Radiology, Growth Chart, Office Notes, etc.):

- Attached
- Will fax within 2 business days
- No further supporting documents

This visit is: Routine (within 30 days) Urgent (within 1 week) STAT Appt needed? Please call 1.833.733.7669

Multiple appointment coordination needed: Yes No

PATIENT INFORMATION

Patient Name: Last: _____ First: _____

Gender: M F **Date of Birth:** _____

Address: _____

Phone: Preferred: _____ Secondary: _____

Parent/Guardian/DCF: _____

If DCF: Social Worker name: _____ *Phone:* _____

Interpreter Needed: Yes No *If yes, Language:* _____ **Hearing Impaired:** Yes No

Insurance Provider: _____ **Subscriber Name:** _____ **ID:** _____

REFERRING PROVIDER INFORMATION

Referring Provider: _____

Referring Provider Phone: _____ **Fax:** _____

If requesting an MD-only visit, check here

Reason for Referral/If applicable, please include ICD-10 diagnosis code(s). _____

COLLABORATIVE CARE (CLASP)

- Please check here if you used a Referral Guideline prior to making this referral:
- All collaborative care tools are available at www.connecticutchildrens.org/clasp

*Please call the office if referring a patient under one year of age.
**Please do not fax referrals to the SCAN program. Please call the department directly at 860.837.5890