

INFORMATION NECESSARY TO PROCESS A NEW PATIENT REFERRAL:

MEDICAL:	LAB	RADIOLOGY	GROWTH CHART	EEG	MRI	PERTINENT OFFICE NOTES	OTHER
Allergy	X					X	
Developmental Pediatrics						X	School or Birth to three notes if available
Cardiac Services: • Cardiology • Cardiac Surgery	X		X (if available)			Most Recent	EKG if available; for <1 yr: newborn screen/prenatal or perinatal
Endocrinology	X	X	X (inc. weight chart)		X	X	Bone Age X-Ray Ultrasound
Gastroenterology	X	X	X		X	X	
Genetics	X	X	X			X	
Hematology/Oncology	X	X	X		X	X	CT Scan, perinatal records, Newborn screening, family history and surgical report if available
Infectious Diseases	X		X			X	Vaccine Records
SCAN: Medical Child Abuse							n/a
Neurology		X				X	outside EEG if available
Nephrology	X					X	Ultrasound
Ophthalmology						X	
Pulmonary	X (if available)	X	X			X	
Pain Medicine	X	X				X	Other providers involved in care with contact information
Rheumatology	X	X				X	
Sleep						X	Any previous sleep study
Weight Management	X		X			X	

SURGICAL:	LAB	X-RAYS	GROWTH CHART	EEG	MRI	PERTINENT OFFICE NOTES	OTHER
Otolaryngology						X	Audiology Tests & Imaging Studies
Neurosurgery		X	X		X	X	CT Scan, Heads circumference if being referred for anything to do with the head
Orthopaedics		X			X		CT Scan
Sports Medicine							
Surgery		X (if available)					
Urology	X (if available)					X	Ultrasound Most Recent Urine Cultures