

Connecticut Children's Referral Form

Phone: 833-733-7669 Fax: 860-837-9898 **or** 860-545-9502

Medical & Surgical Specialties

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

Adolescent Medicine
Aerodigestive Team
ASAP Program
Audiology
Cardiac Services
Craniofacial team
Developmental Pediatrics
EKG Only
Endocrinology
Food Allergy
Gastroenterology
Genetics
Hand Surgery
Hematology/Oncology
Infectious Diseases/Immunology
Integrative Medicine
Nephrology
Neurology
Neurosurgery
Nutrition
Ophthalmology
Orthopedics
Otolaryngology (ENT)
Pain Medicine
Pediatric Surgery
Plastic Surgery
Pulmonary Medicine
Rheumatology
Sedation: For Labwork
Sedation: For Vaccines
Sleep Medicine
Sports Medicine
Suspected Child Abuse
& Neglect
Travel Medicine
Urology
Weight Management
Other:

www.connecticutchildrens.org

Medical Records (Labs, radiology, growth charts, office notes, etc.):		
☐ Attached ☐ Will fax within 2 business days ☐ No further documents		
This visit is: ☐ Routine (within 30 days) ☐ Urgent (within 1 week)		
STAT appointment needed? Please call 833.733.7669		
Multiple appointment coordination needed: Yes No		
PATIENT INFORMATION		
Patient name: (Last)(First)		
Gender: M F Date of birth:		
Address: City/State/Zip		
Phone: (Preferred) (Secondary)		
Guarantor: Relationship:		
If DCF: Social Worker Phone		
Insurance ID:		
Needs interpreter?		
REFERRING PROVIDER INFORMATION		
Referring provider: Fax:		
MD only visit? Yes No		
Reason for referral/ICD code:		
Treason for referralmed code.		
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		

Questions?
Physicians call 833.733.7669
Patients call 860.545.9000 for scheduling