

# INFORMATION NECESSARY TO PROCESS A NEW PATIENT REFERRAL:

MEDICAL:	LAB	RADIOLOGY	GROWTH CHART	MRI	PERTINENT OFFICE NOTES	OTHER
Aerodigestive	X	X	X	X	X	
Audiology						Audiology Tests & Imaging Studies ICD 10 Code Required
Cardiac Services: • Cardiology • Cardiac Surgery	X		X (if available)		Most Recent	EKG if available; for <1yr: newborn screen/prenatal or perinatal
Developmental Pediatrics					X	Developmental eval reports inc. Birth to 3/autism/school, etc
Endocrinology	X	X	X (inc. weight chart)	X	X	Bone Age X-Ray Ultrasound
Food Allergy	X				X	
Gastroenterology	X	X	X	X	X	
Genetics	X	X	X		X	Genetic test results
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
Neurology		X			X	Outside EEG, MRI if available
Nephrology	X	X			X	Ultrasound
Nutrition	X (if available)		X		X	ICD 10 Code Required
Ophthalmology					X	
Pulmonary	X (if available)	X	X		X	
Pain Medicine	X	X			X	Other providers involved in care with contact information
Rheumatology	X (if available)	X			X	
SCAN: Medical Child Abuse						n/a
Sleep					X	Any previous sleep study
Weight Management	X		X		X	
SURGICAL:	LAB	X-RAYS	GROWTH CHART	MRI	PERTINENT OFFICE NOTES	OTHER
Neurosurgery		X	X	X	X	CT Scan, Head circumference if being referred for anything to do with the head
Orthopaedics		X			X	CT Scan
Otolaryngology					X	
Plastic Surgery		X (if available)				
Sports Medicine						
Surgery		X (if available)				
Urology	X (if available)				X	Ultrasound Most Recent Urine Cultures