



Date of referral: _____

Referral Form

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

Medical & Surgical Specialties

Please place a checkmark(s) next to the specialty you are referring your patient to:

- Adolescent Medicine
- Aerodigestive Team
- 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/Vaccines
- Sleep Medicine
- Sports Medicine
- Suspected Child Abuse & Neglect
- Travel Medicine
- Urology
- Weight Management

Medical records attached:

Growth chart Office notes Labs Radiology Other

This visit is: Routine (within 30 days) Clinically Urgent (within 2 weeks)

STAT appointment needed? Please call 833-733-7669

Multiple appointment coordination needed: Yes No

PATIENT INFORMATION

Patient name: (Last) _____ (First) _____

Preferred Name: _____ Date of Birth: _____

Sex (Legal): M F Gender Identity: M F Other _____

Address: _____ City/State/Zip: _____

Phone: (Preferred) _____ (Secondary) _____

Parent/Guardian Name: _____ Relationship: _____

If DCF: Social Worker _____ Phone: _____

Insurance Co. and ID #: _____

Needs interpreter? Yes No If yes, what language: _____

REFERRING PROVIDER INFORMATION

Referring provider: _____

Phone: _____ Fax: _____

MD only visit? Yes No

Reason for referral and ICD code:

Questions?

Patients call: 860-545-9000 for scheduling

Physicians call: 833-733-7669