

Thank you for referring your patient to Children's Hospital Central California.

- **Send all pertinent patient records, lab and X-ray reports, growth charts, EKGs, and EEGs**
- **Please attach a signed order for all Diagnostic Testing, PT, or OT (Prescription required)**
- **For Foster Children - If test or procedure is with sedation or anesthesia - Court order is REQUIRED**

Practice / Service Requested _____

Reason for consultation with this Service _____

Date of Injury or Onset of Illness _____

For Diagnostic Services, test requested _____

Indication for Test _____ **Today's Date** _____

Patient Last Name _____ First _____ MI _____

DOB _____ Sex: M F Race _____

Address _____ City _____ Zip _____

New to Children's? Yes No Please enter Children's MR# if available: _____

Who should we call to schedule this appointment? Last Name _____ First _____

Relationship of above person to patient Parent Guardian

Contact #s () _____ () _____ () _____ () _____
Preferred: home work cell 2nd choice: home work cell Other: home work cell Other: home work cell

Primary Language _____ Interpreter needed? YES NO

Referring Physician _____ Phone # _____ Fax # _____

Contact at Referring Physicians Office _____

Primary Care Physician _____ Phone # _____ Fax # _____
(If different from referring physician)

Insurance Information (send copy if insurance card and authorization for consultation and treatment or diagnostic services)

Insurance _____ **Subscriber Name** _____

Subscriber # or CIN # (required) _____ Authorization # _____ Number of Visits _____

Effective Date _____ Expiration Date _____

Insurance Phone Number _____ GP# _____ Employer _____

CCS Coverage Yes No CCS DX _____ Co-Pay Amount \$ _____

Your patient will be contacted to schedule the appointment at a time which is convenient and, if necessary, to review insurance coverage and obtain additional demographic information. When an appointment has been scheduled for your patient, you will be notified via fax of the appointment date/time.

If we are unable to provide the requested service or reach your patient to schedule the appointment, we will contact your office to discuss the referral. If you have questions regarding this referral, please contact the practice directly.

Medical and financial eligibility will need to be established prior to confirming an appointment