NATIONWIDE CHILDREN'S

When your child needs a hospital, everything matters.℠

PATIENT IDENTIFICATION

MEDICAL SPECIALTY CLINIC PATIENT REFERRAL FORM

Only send one form per fax transmission

Specialty Program _____ Today's Date _____ Date Received _____

Patient Last Name _____ First _____

DOB _____ Sex _____ Address _____

City _____ State _____ Zip_____ Phone No. _____

Parent/Guardian/Foster Parent

Last Name_____ First _____ Relationship _____

(Only if different from patient address/phone no.)

Address _____ City _____ State _____ Zip_____

Phone (Home) _____ Phone (Work)_____ Phone (Mobile) _____

Best time to reach: ☐ Day ☐ Evening Best phone number to reach: ☐ Home ☐ Work ☐ Mobile

Interpreter Needed _____ Yes _____ No If Yes, Language Spoken_____

Franklin County Children Services Involved _____ Yes _____ No Case Worker_____

Referring Physician_____ Phone No. _____ Fax No. _____

Address _____ City _____ State _____ Zip _____

(If different from referring physician)

Primary Care Physician _____ Phone No. _____ Fax No. _____

Address _____ City_____ State _____ Zip _____

The referring physician may be required by the Insurance Co. to complete/obtain an authorization for the referral to the specialist.

Primary Insurance Co. Name _____ Secondary Insurance Co. Name _____

Subscriber Name _____ Subscriber Name _____

Patient History, reason for referral: Height: _____ Weight: _____

Preferred Appointment location: _____

Physical findings/ lab/x-ray/medications (include copies as appropriate):

Bottom to be completed by Nationwide Children's Hospital only

Patient's appointment is scheduled for _____at _____ with _____.

Initials of person completing form _____

☐ Family notified of the appointment by _____ phone _____ mail

☐ It will be necessary for you to notify the family of the appointment

OUTPATIENT APPOINTMENTS AT THE CLINICS LISTED BELOW ARE SCHEDULED
by fax referral to (614) 722-4000
OR online referral at NationwideChildrens.org
OR call (614) 722-6200 Weekdays 8 a.m. – 6 p.m.

SERVICE

Adolescent Gynecology / Adolescent Medicine
Allergy, Asthma & Immunology
Audiology
Cardiogenetics
Cardiology
Center for Healthy Weight & Nutrition
Cleft lip/ Craniofacial
Clinical Nutrition and Lactation
Dental Clinic
Dermatology
Ear, Nose & Throat Services (Otolaryngology)
Endocrinology, Metabolism & Diabetes
Eye Clinic
Gastroenterology, Hepatology & Nutrition
Genetics
Hemangioma and Vascular Malformation Clinic
Hematology/Oncology/BMT
Immunodeficiency
Infectious Diseases
Marfan Screening Clinic
Neonatology
Nephrology
Neurodiagnostics/EEG
Neurology
Neuromuscular Disorders
Neurosurgery
Pain
Pediatric Surgery
Physical Medicine and Rehabilitation
Plastic Surgery
Pulmonary Diagnostics
Pulmonary Medicine
Pulmonary Rehabilitation
Radiology
Rheumatology
Sleep Medicine
Sports Medicine
Thoracic Surgery
Urology

PHONE THE FOLLOWING SERVICES DIRECTLY TO REFER A PATIENT *(more details available on the website at www.NationwideChildrens.org)*	**PHONE NUMBER**
Behavioral Health (Developmental Behavioral Health, Autism, Psychology, Neuropsychology and Psychiatry)	(614) 355-8080
Center for Child and Family Advocacy	(614) 722-3278
ChildLab (Outpatient Lab)	(614) 722-5428
Clinical Therapies (Occupational, Physical, Recreational and Speech Pathology)	(614) 722-2200
Developmental Disabilities	(614) 722-4050
Myelomeningocele	(614) 722-5725
Orthopedics	(614) 722-5175