

**MEDICAL SPECIALTY CLINIC
PATIENT REFERRAL FORM**

PATIENT IDENTIFICATION

Only send one form per fax transmission

If this appointment is emergent – Please call and speak directly with the specialist

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 www.NationwideChildrens.org

OR call (614) 722-6200 Weekdays 8 a.m. – 6 p.m.

SERVICE

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

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
Dentistry	(614) 722-5650
Myelomeningocele	(614) 722-5725
Orthopedics	(614) 722-5175