



NATIONWIDE CHILDREN'S

When your child needs a hospital, everything matters.™

MEDICAL SPECIALTY CLINIC PATIENT REFERRAL FORM

Only send one form per fax transmission

PATIENT IDENTIFICATION

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 _____

Address _____ City _____ State _____ Zip _____

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

Reason For Referral _____

Requesting:

- New patient consultation
- New patient transfer of care
- Second opinion requested by physician/ non-physician practitioner

Please include the following with the referral information:

- Patient history/PE with most recent/pertinent office notes
- Pertinent labs/radiology studies, were these done at NCH? Yes If not, please send as attachment
- Most current growth curve
- Copy of insurance card

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

Interpreter Needed _____ Yes _____ No _____ If Yes, Language Spoken _____

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 _____

Height: _____ Weight: _____

Does the patient have ANY medical, developmental or behavioral issues? Yes No

What are the disorders? Is the disorder classified as mild, moderate or severe? _____
 Mild Moderate Severe

Does the patient require suction, supplemental oxygen, or any other special needs? Yes No
(If patient has 'other special needs,' please note the need in the box below.) _____

Preferred Appointment location: _____

Physician's Signature: _____ Date/Time: _____

Please do not use a stamped signature.

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

PHONE THE FOLLOWING SERVICES DIRECTLY TO REFER A PATIENT

(more details available on the website at www.NationwideChildrens.org)

	PHONE NUMBER
Behavioral Health (Autism, Psychology, Neuropsychology and Psychiatry)	(614) 355-8080
Center for Family Safety and Healing (Child Assessment Center)	(614) 722-3278
ChildLab (Outpatient Lab)	(614) 722-5428
Clinical Therapies (Occupational, Physical, Recreational and Speech Pathology)	(614) 722-2200
Comprehensive Cerebral Palsy Program	(614) 722-5136
Myelomeningocele	(614) 722-5725
Orthopedics	(614) 722-5175