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**THRIVE Program at Nationwide Children’s Hospital Intake Form**

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s Name (& preferred name) |  | Today’s Date |  |
| Parent(s)/Guardian(s) |  | Child’s DOB | Age |
| Address |  |  |  |
| Phone | Parent’s email |  |  |
| Who is completing this form  (name and relation to patient) |  |  |  |
| Insurance Provider |  | Subscriber’s Name |  |
| Subscriber ID | *Group Number* | Group Name |  |
| Insurance Provider Phone Number | Insurance Provider Address |  |  |

How did you hear about the THRIVE Program at Nationwide Children's Hospital?

|  |  |  |
| --- | --- | --- |
| 🞎 Hospital website | 🞎 Facebook | 🞎 Pediatrician |
| 🞎 Another website | 🞎 Another THRIVE family | 🞎 Friend or family member |
| 🞎 Other (please specify) |  |  |

Who diagnosed your child with a DSD or Gender Concern?

|  |  |  |  |
| --- | --- | --- | --- |
| 🞎 Neonatologist | 🞎 Geneticist | 🞎 Endocrinologist | 🞎 Urologist |
| 🞎 Other (please specify) |  |  |  |

Comments:

Age and/or date your child was diagnosed with a DSD, Complex Urological and/or Gender Concern?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**THRIVE Program at Nationwide Children’s Hospital Intake Form**

What are your main concerns **now** and what would you like addressed at your appointment?

Which of the following specialists has your child **already** seen?

|  |  |  |
| --- | --- | --- |
| **Specialty** | **Provider Name and/or Location** | **Date last seen** |
| 🞎 Adolescent Medicine |  |  |
| 🞎 Genetics |  |  |
| 🞎 Urology |  |  |
| 🞎 Endocrinology |  |  |
| 🞎 Immunology |  |  |
| 🞎 Obstetrics/Gynecology |  |  |
| 🞎 Psychology |  |  |
| 🞎 Psychiatry |  |  |
| 🞎 Other (please specify) |  |  |
| 🞎 Other (please specify) |  |  |
| 🞎 Other (please specify) |  |  |
| 🞎 Other (please specify) |  |  |

Which of the following tests has your child completed?

|  |  |
| --- | --- |
| **Test** | **Results/Additional Comments** |
| 🞎 |  |
| 🞎 |  |
| 🞎 |  |
| 🞎 |  |
| 🞎 |  |
| 🞎 |  |
| 🞎 |  |

**THRIVE Program at Nationwide Children’s Hospital Intake Form**

Please list any surgeries that your child has had in the past:

|  |  |  |
| --- | --- | --- |
| **Type of surgery** | **Location and Surgeon** | **Date** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Please list any other hospitals or clinics that have cared for your child:

|  |  |  |
| --- | --- | --- |
| **Hospital or Clinic** | **Location and Physician** | **Date** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Does your child receive services and/or therapies through an IEP (Individualized Education Plan) or other academic assistance?

🞎 Yes 🞎 No

If yes, please describe the service

Has your child ever had intelligence (IQ), achievement, learning or other testing at school or outside of school (for example, neuropsychological or cognitive evaluation)?

🞎 Yes 🞎 No

**\*\*Please complete a “Release of Medical Records” form and provide to your current physician or hospital so they may send copies of your child’s medical records. Please include the completed “Release of Medical Records” form with this document and fax or mail to:**

**THRIVE Program (DSD, Complex Urological & Gender Concerns)**

**Nationwide Children’s Hospital**

**700 Children’s Drive,**

Reviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: ­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Columbus, OH 43205**

[**thrive@nationwidechildrens.org**](mailto:thrive@nationwidechildrens.org)

**Phone: (614) 722-5765**

**Fax: (614) 722-2710**

**THIRVE Program at Nationwide Children’s Hospital Intake Form**

Once we receive your child’s medical records, you will then be contacted to schedule an appointment with the THRIVE Program at Nationwide Children's Hospital.

An appointment will not be scheduled until your child’s medical records have been received and reviewed. The specific records that we will need to review are:

🞎 Genetics test validating the diagnosis (if previously performed)

🞎 Most recent medical reports from each specialty area

🞎 Most recent relevant surgical reports

🞎 Relevant reports from Primary Care Physician

In addition to your child’s medical records, please plan to bring the following documents with you to your appointment.

🞎 List of current medications

🞎 List of allergies

**Please note:** It is the parent’s responsibility to validate insurance coverage prior to your visit. Please contact your medical insurance provider to determine if Nationwide Children's Hospital is covered by your policy and if a referral is required. If you are having trouble, let us know and we will connect you with our Welcome Center, who may be able to help.

**Out of State patients:**

If you will be traveling from out of state, please contact the Welcome Center to receive help with lodging. Nationwide Children's Hospital has relationships with local hotels for discounts, or you may receive housing at the Ronald McDonald House, which is located within walking distance of the hospital. The Welcome Center may be reached at (800) 619-9876.

Before finalizing flights, please review your travel itinerary with the THRIVE Program Social Worker.