

PEDIATRIC CONSULTATION CENTER
BOX 100296, GAINESVILLE, FL 32610-0296

Pediatric Clinic/Service to which you are referring:

Today's Date: _____

- Allergy
 Endocrinology
 Gastroenterology
 Genetics
 Hematology/Oncology
 Immunology/Rheumatology
 Infectious Disease
 Nephrology/Renal
 Neurology
 Pulmonary

*****FOR ALL OTHER SPECIALTIES/SERVICES PLEASE CALL 352-265-0111*****

Physician Preference (if applicable): _____

- Consultation for New Patient *(Check this box if patient has not been treated by this specialty at UF.)*
 Follow-Up of Existing Patient *(Check this box if patient has been treated by this specialty at UF and requires additional treatment.)*

Current Diagnosis: _____

Patient Information:

| | | | |
|------------------------|-------------------|----------------------------------------------------------------------------|------|
| Name (Last, First MI): | DOB: | Choose One: () MALE () FEMALE | SSN: |
| Mailing Address: | City: | State: | ZIP: |
| Guardian/Guarantor: | Relationship: | | |
| Preferred Phone #: | Alternate Phone#: | IS INTERPRETER/TRANSLATOR NEEDED? () YES () NO If yes, what language? | |

Insurance Information:

| | | | |
|-----------------------------------|-------------------|------------------------------------|--|
| Insurance Company: | Policy #: | Group #: | |
| Subscriber Name (Last, First MI): | DOB: | Choose One: () MALE () FEMALE | |
| Employer: | *Authorization #: | | |
| Ins Phone #: | Auth Exp. Date: | | |

*Please include authorizations for: Capital Health (CHP), Cigna (must have Rx), CMS Title XXI out of district (must have name), Coventry, First Coast Advantage, First Health, FL Health Care (Healthy Kids), Healthcase/Staywell/Wellcare, Medipass, Prestige, Ped-I-Care, Tricare Prime.
Medicaid HMOs may not be accepted.

Referring Physician Information:

| | | | |
|------------------------|----------|--------------------------------------|------|
| Name (Last, First MI): | Contact: | | |
| Mailing Address: | City: | State: | ZIP: |
| Phone #: | Fax #: | Medipass Provider: () YES () NO | |

PLEASE REFER TO PAGE 2 FOR A LIST OF DOCUMENTS/INFORMATION TO INCLUDE WITH REFERRAL

CONFIDENTIALITY NOTICE: Information contained in this fax is legally confidential information under state law and is intended only for the use of the individual or entity named above. If you are neither the intended recipient nor the employee/agent responsible for delivering this information to the intended recipient, you are hereby notified that any disclosure, copying, distribution or taking of any action in reliance on the content of this telecopied information is strictly prohibited. If you have received this fax in error, please immediately notify us at (352) 273-5625 to arrange for return of the original document.

With this referral, please include the following items per the clinic/service to which you are referring. Please check to indicate that item is attached. Please write "N/A" if item is not available.

If a second opinion is being sought, the previous specialist's dictation and work-up must be included.

ALLERGY

Clinic Notes
 Lab Work
 Diagnostic Radiology Reports

GASTROENTEROLOGY

Clinic Notes
 Lab Work
 Diagnostic Radiology Reports
 History & Physical
 Growth Charts

HEMATOLOGY/ONCOLOGY

Clinic Notes
 Lab Work
 Diagnostic Radiology Reports

INFECTIOUS DISEASE

Clinic Notes
 Lab Work
 Diagnostic Radiology Reports
 Immunization Records

For recurrent fevers of unknown origin:

CBC w/diff/platelet
 CMP
 ESR
 CRP
 EBV IgG/M
 CMV IgG/M
 ANA
 RF
 HIV
 Urinalysis w/ culture
 Blood culture w/ fevers
 PPD

PULMONARY

Clinic Notes
 Lab Work
 Diagnostic Radiology Reports

ENDOCRINOLOGY

Clinic Notes
 Lab Work
 Diagnostic Radiology Reports
 Growth Charts
 Bone Age Studies
 Lipid Panel
 Glucose, Insulin Levels

GENETICS

Clinic Notes
 Lab Work
 Diagnostic Radiology Reports

IMMUNOLOGY/RHEUMATOLOGY

Clinic Notes
 Lab Work
 Diagnostic Radiology Reports
 Immunization Records

NEPHROLOGY/RENAL

Clinic Notes
 Lab Work
 Diagnostic Radiology Reports
 Urinalysis
 Renal U/S

NEUROLOGY

Office/Clinic Notes (last 2 visits)
 Lab Work (last 12 months)
 Brain/Imaging Reports (Films/CDs may be requested prior to appt at Neurologist's discretion)
 EEG, EMG, EP, PSG Reports
 ED/Hospital Discharge Summaries