REQUEST FOR A SPECIALTY CLINIC APPOINTMENT

Children's of Alabama®

Specialty Specialty: Select from drop down
MD_____
Specialty Phone_____
Specialty FAX_____

For Specialty Office Use
Date Received_____
Appointment Date/Time_____
Appointment Location_____

PATIENT DEMOGRAPHICS

Demographic sheet may be attached.

PATIENT NAME _____
Last First Middle Initial Preferred Name to go by

LIST ANY NAME (OTHER THAN THE NAME PRINTED ABOVE) THAT THE PATIENT GOES BY_____
Last First Middle Initial

HAS THE PATIENT EVER VISITED ANY OF THE LOCATIONS BELOW? (CHECK ALL THAT APPLY.)
Children's ER ☐ Children's South ☐ Children's Lakeshore ☐ Children's on 3rd ☐

DOB_____AGE_____SEX_____RACE_____SOCIAL SECURITY NUMBER_____

ADDRESS _____
Street City State Zip

PHONE _____|_____|_____
Check preferred Contact Number Home ☐ Work ☐ Cell ☐

PARENT/GUARDIAN_____DOB_____EMAIL_____

INSURANCE INFORMATION

If patient has Medicaid, please also fax/send Medicaid Referral Form (EPSDT Screening).

PERSON RESPONSIBLE FOR BILL/GUARANTOR RELATIONSHIP TO PATIENT DOB

PRIMARY INSURANCE COMPANY

PRIMARY POLICY NUMBER GROUP NUMBER

CARD HOLDER'S NAME DOB ADDRESS (if different from above)

SECONDARY INSURANCE COMPANY (if applicable)

SECONDARY POLICY NUMBER GROUP NUMBER

CARD HOLDER'S NAME DOB ADDRESS (if different from above)

DIAGNOSIS

REASON FOR REFERRAL? _____

WHAT IS YOUR SPECIFIC QUESTION FOR THE SPECIALIST?

IS THIS IS A SECOND OPINION? YES ☐ NO ☐ IF SO, WHAT IS THE NAME OF THE PREVIOUS PROVIDER/CLINIC AND WHEN WAS THE PATIENT LAST SEEN?

DATE OF INJURY _____ MOTOR VEHICLE ☐ OTHER ☐

REFERRING PHYSICIAN INFORMATION

NAME DOCTOR'S UPIN NUMBER INDIVIDUAL NPI NUMBER

PHONE NUMBER | FAX NUMBER PCP (if different from above)

REFERRAL NUMBER CONTACT PERSON/EXTENSION

ADDITIONAL INFORMATION

INTERPRETER NEEDED? YES ☐ NO ☐ LANGUAGE/HEARING/OTHER REQUESTED

ALLERGIES? YES ☐ NO ☐ If yes, please list.

CURRENT MEDICATIONS / HERBAL PRODUCTS / NUTRITIONAL SUPPLEMENTS

Medication Reconciliation Form or copy of assessment in chart may be attached.

NAME DOSAGE FREQUENCY

RESET FORM PRINT SAVE AS PDF

Revised 07/22/19

SPECIALTY	FAX	HOW TO SCHEDULE APPOINTMENT	PHONE
Medical Autism Clinic	205.638.2526	Fax insurance referral, all relevant* records, completed MAC Intake (ASD with co-morbidities). New patients ages 2-8 only.	205.638.2294
Adolescent Health Center (ADHD, Eating D/O, LEAH, LARC, Menstrual D/O, Nutrition & Primary Care)	205.638.2071	Fax this completed form with an insurance referral (if needed), growth chart, any labs within the last 6 months, and clinic notes for the last year.	205.638.9231
Allergy/Immunology	205.638.2833	Fax all relevant* records, labs and immunization records.	205.638.6993
Cardiology	205.975.6291	Please fax referral and all relevant records to 205.975.6291. Administrative Assistants will call the family to schedule an appointment and will fax a copy of the appointment letter to the referring physician's office.	205.934.3460
Children's Behavioral Health	205.638.9949	All appointments are made by phone and are scheduled by patient's legal guardian. Legal guardian must call for an appointment.	205.638.9193
Dental	205.638.9796		205.638.9161 or 205.638.9141
Dermatology	205.638.2851	Fax all relevant* records and labs to 205.638.2851.	NEW PT 205.638.5759 FOL/UP 205.638.9141
Developmental Medicine	205.638.2526	Relevant records will be discussed once appointment is made.	205.638.2294
Endocrinology/Diabetes	205.638.9821	Fax growth charts, all relevant* records, labs, current demographic information.	205.638.9107 Option 2
ENT (Pediatric ENT Associates)	205.638.4983	Fax all relevant* records, labs and imaging prior to appointment marked ATTN: Appointment date and time.	205.638.4949 Option 2
Gastroenterology	205.638.9919	Fax all relevant* records, labs and imaging.	NEW PT 205.638.5457 FOL/UP 205.638.9141
Genetics	205.975.6389	Fax patient demographic and insurance information, insurance referral, if needed, reason for the referral, last 2-3 clinic notes, labs.	205.934.4983
Hematology/Oncology	205.975.1941	Fax all relevant* records, labs and imaging; ATTN: Julie Brodie	205.638.9285
Infectious Disease	205.975.6549	Fax all relevant* records, labs, growth chart, immunization records and demographic information.	205.934.2441
Intensive Feeding Program	205.638.7995	Fax all relevant* records, growth charts. Complete Supplemental Referral Sheet at www.childrensal.org/patient-referral	205.638.7590
Nephrology	205.975.7051	Fax all relevant* records, labs, ultrasounds, VCUGs. Send all study films to the appointment with patient.	205.638.9781
Neurology	205.638.2602	Fax all relevant* records, labs, MRIs, CTs and EEGs. Send relevant* imaging to the appointment with patient.	205.638.2551
Neurology (Children's South)	205.638.5879	Fax all relevant* records, labs, MRIs, CTs and EEGs. Send relevant* imaging to the appointment with patient.	205.638.5881 or 205.638.5880
Neurosurgery	205.638.9972	Fax this form completed, insurance referral, clinical note, imaging reports, ALL growth charts (3 and under). Parents MUST bring outside imaging CD to appointment.	205.638.9653
Oral Maxillofacial Surgery	205.987.5034	Fax all relevant records; email all x-rays to kmmcbride@uabmc.edu	205.987.1173
Orthopedics	205.638.3699	Send x-ray, CT, MRI films with patient to appointment.	205.638.3373
Plastic Surgery	205.638.5340	Appointment email address: plastic.appointments@ChildrensAL.org Send x-ray, CT, MRI films with patient to appointment.	205.638.9369
Pulmonary Medicine	205.638.2850	Fax this form with correct patient insurance information and referral to ATTN: Pulmonary Scheduler.	205.638.9583 Option 1
Rehab Medicine	205.638.9793	Fax insurance referral, clinic note from referral source and all relevant records.	205.638.9790 Option 1
Rheumatology	205.638.2875	Fax all relevant* lab, imaging results and records. Please include appointment date and time.	205.638.9438
Sleep Medicine	205.638.2466	Please attach patient history.	205.638.9386
Sports Medicine	205.975.6109	Fax all relevant* information, including demographic and insurance information. Send x-ray or MRI films to the appointment with the patient.	205.934.1041
Surgery (General)	205.975.4972	Fax referrals and all relevant* records, labs, MRIs and CTs.	205.638.9688
Urology	205.975.6024	Fax all relevant* records and labs. Send x-ray, CT, MRI films with patient to appointment.	205.638.9840
Weight Management	205.212.2735	Fax all relevant* records (insurance referral, if needed; lab work within last 6 months), growth chart and clinic notes. Please indicate if patient is being referred for LESTER® (ages 6-11), Healthier Weigh ®(ages 12-18) or bariatric surgery.	205.638.5750

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***Relevant: All documentation related to the specific diagnosis for which the patient is being referred.**
Children's of Alabama Patient Registration Phone: 205.638.9141 or 800.226.4770.

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