

Reason for referral & diagnosis:

Patient demographics

Name: _____
Address: _____
City: _____
Social Security Number: _____ - _____ - _____
Phone: _____
Emergency Contact: _____
Primary Language: _____

Child's preferred name: _____
State: _____ Zip: _____
DOB: _____ Gender: _____ Race: _____
Parent/Guardian Name: _____
Parent/Guardian email: _____
Phone: _____ Relationship: _____
Interpreter needed: YES | NO

Physician Information

Referring Physician & NPI: _____
Practice/Group Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Email: _____
Person completing Form: _____

Primary Care Physician & NPI: _____
Practice/Group Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Email: _____

Primary Insurance Information

Company: _____
Policyholder's Name: _____
Policy ID: _____ Group Number: _____
Policyholder's DOB: _____
Referral or Pre-Cert Number: _____

Secondary Insurance Information

Company: _____
Policyholder's Name: _____
Policy ID: _____ Group Number: _____
Policyholder's DOB: _____
Referral or Pre-Cert Number: _____

Patient General Clinical Information

Has your child ever been seen at Children's of Alabama? YES | NO If yes, date of last visit:

Clinical Information Requested to Schedule Appointment

1. Most recent clinical summary and current medications, treatment plans, and past medical history or typed consult letter, including patient's clinical summary and pertinent medical history
2. Lab results within 60 days, including albumin, total bilirubin, prothrombin time with INR, and chemistry panel, including creatinine and sodium
3. Abdominal imaging reports (Doppler ultrasound, CT, MRI) within last 12 months
4. Procedural reports, including liver biopsy pathology, endoscopy, or colonoscopy most recently completed, if available
5. Requests images via disc or electronically & biopsy slides