REQUEST FOR A SPECIALTY CLINIC APPOINTMENT

Children's of Alabama®

Specialty______________________________
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

UAB MEDICINE

Developmental – Behavioral Pediatrics Clinic Reason for Referral Form

Fax Number: 205.638.2526

Patient Information

Patient Name: ________________________ Patient Date of Birth: ____________________

Name of Primary Care Provider: ____

TO BE COMPLETED BY REFERRING PHYSICIAN/PROVIDER

Reason for Referral *(Please check all that apply)*:

- ❑ Preschool aged child (< 5 years) with concern for autism. Please send M-CHAT and documentation of behavior concerns.
- ❑ Child with nonmedical autism diagnosis (i.e. diagnosed by school, EI, etc.) in need of medical evaluation to be able to meet insurance diagnostic criteria to receive services. Please send school evaluations, IEP, etc.
- ❑ Child with documented medical diagnosis of autism needing management/consultation. Please send diagnostic evaluations and documentation of specific concerns.
- ❑ Preschool child with concern for global developmental delay/delays in multiple developmental skills. Please send documentation of developmental delays.
- ❑ Child with developmental disorder (autism, ADHD, intellectual disability) in need of additional medical or behavioral consultation.
- ❑ Child <12 years with complicated ADHD concerns (complicated means failed at least two medications).
- ❑ School-aged child between 5-12 years with uncomplicated ADHD concerns. (Note: We are not currently accepting referrals for these children).

Other reason for seeking developmental-behavioral consultation:

Division of Developmental – Behavioral Pediatrics
1600 7th Avenue South McWane Building, Dearth Tower, Suite 5602 Birmingham, AL 35233 tel 205.638.2294 fax 205.638.2526
ChildrensAL.org/developmental-behavioral-pediatrics