



Children's
of Alabama

HYPERTENSION CLINIC REFERRAL

Phone 205-638-9781 Fax 205-975-7051

Date of referral: _____
Referring physician: _____
Referring office number: _____ Fax number: _____

Parent Name: _____
Home Number: _____
Work Number: _____
Cell Number: _____

Patient demographics

Name: _____ Age: _____ DOB: _____
Height Percentile: _____ Weight: _____ kg BMI: _____

BP reading 1 _____ cuff size _____ digital or aneroid

BP reading 2 _____ cuff size _____ digital or aneroid

BP reading 3 _____ cuff size _____ digital or aneroid

Patient history:

Please attach any lab and diagnostic testing reports.

We will contact your office by fax to inform you of scheduled appointment.

**IF MEDICALLY URGENT/EMERGENT APPOINTMENT NEEDED PLEASE
CALL THE DIVISION OF NEPHROLOGY AND HYPERTENSION,
205-638-9781, AND ASK TO SPEAK TO THE ON-CALL PHYSICIAN.**

Nephrology Office Use:

Date received: _____
Date notification faxed to referring office: _____