

INFORMATION NECESSARY TO PROCESS A NEW PATIENT REFERRAL

MEDICAL SPECIALTIES	LABS	RADIOLOGY	GROWTH CHART	MRI	PERTINENT OFFICE NOTES	OTHER
<i>Adolescent Medicine</i>	X		X (need ht+wt+BMI chart)		X	Eating disorders: eating disorder form, vital signs
<i>Aerodigestive</i>	X	X	X	X	X	
<i>Cardiology</i>	X		X (if available)		X (most recent)	EKG (if available) <1yr: newborn screen/prenatal or perinatal
<i>Developmental Pediatrics</i>					X	Developmental eval reports inc. Birth to 3/autism/school
<i>Endocrinology</i>	X	X	X (inc. weight chart)	X	X	Bone Age X-Ray, Ultrasound
<i>Food Allergy</i>	X				X	
<i>Gastroenterology</i>	X	X	X	X	X	
<i>Genetics</i>	X	X	X		X	Genetic test results
<i>Hematology/Oncology</i>	X	X	X	X	X	CT scan, perinatal records, newborn screening, family history and surgical report (if available)
<i>Infectious Diseases</i>	X		X		X	Vaccine Records
<i>Neurology</i>		X		X (if available)	X	Outside EEG (if available)
<i>Nephrology</i>	X	X			X	Ultrasound
<i>Ophthalmology</i>					X	
<i>Pulmonary</i>	X (if available)	X	X		X	
<i>Pain Medicine</i>	X	X			X	Other providers involved in care with contact information
<i>Rheumatology</i>	X (if available)	X			X	
<i>SCAN: Medical Child Abuse</i>						
<i>Weight Management</i>	X		X		X	
SURGICAL SERVICES	LABS	RADIOLOGY	GROWTH CHART	MRI	PERTINENT OFFICE NOTES	OTHER
<i>Fetal Care Center</i>	X (if available)	X (if available)			X	Any notes/reports from MFM
<i>Neurosurgery</i>		X	X	X	X	CT scan Head circumference if for anything about head
<i>Orthopedic Surgery</i>		X			X	CT Scan
<i>Otolaryngology</i>					X	
<i>Plastic Surgery</i>		X (if available)				
<i>Surgery</i>		X (if available)				
<i>Urology</i>	X (if available)				X	Ultrasound Most Recent Urine Cultures

