



Date of referral:

Connecticut Children's Referral Form

Phone: 833-733-7669 Fax: 860-837-9898 or 860-545-9502

www.connecticutchildrens.org

Medical & Surgical Specialties

Please place a check mark next to the specialty which you are referring your patient to:

- Adolescent Medicine
- Aerodigestive Team
- ASAP Program
- Audiology
- Cardiac Services
- Craniofacial Team
- Developmental Pediatrics
- EKG Only
- Endocrinology
- Gastroenterology
- Genetics
- Hand Surgery
- Hematology/Oncology
- Infectious Diseases/
Immunology
- Integrative Medicine
- Nephrology
- Neurology
- Neurosurgery
- Nutrition
- Ophthalmology
- Orthopedics
- Otolaryngology (ENT)
- Pain Medicine
- Pediatric Surgery
- Plastic Surgery
- Pulmonary Medicine
- Rheumatology
- Sedation: for Labwork
- Sedation: for Vaccinations
- Sleep Medicine
- Suspected Child Abuse
& Neglect
- Travel Medicine
- Urology
- Weight Management
- Other: _____

Medical Records (Labs, radiology, growth charts, office notes, etc.):

Attached Will fax within 2 business days No further documents

This visit is: Routine (within 30 days) Urgent (within 1 week)

STAT appointment needed? Please call 833.733.7669

Multiple appointment coordination needed: Yes No

PATIENT INFORMATION

Patient name: (Last) _____ (First) _____

Gender: M F Date of birth: _____

Address: _____ City/State/Zip _____

Phone: (Preferred) _____ (Secondary) _____

Guarantor: _____ Relationship: _____

If DCF: Social Worker _____ Phone _____

Insurance ID: _____

Needs interpreter? Yes No If yes, language: _____

REFERRING PROVIDER INFORMATION

Referring provider: _____

Phone: _____ Fax: _____

MD only visit? Yes No

Reason for referral/ICD code:

COLLABORATIVE CARE (CLASP)

Please check here if you used a Referral Guideline prior to making this referral.
All collaborative care tools are available at www.connecticutchildrens.org/clasp

Questions?

Physicians call 833.733.7669

Patients call 860.545.9000 for scheduling