

Specialty Request Form

- Adolescent Med
- Allergy/Pulmonology
- Bleeding & Clotting Disorders (Bleeding & Clotting Disorders Institute)
- Congenital Heart (Peoria)
- Congenital Heart (Rockford)
- Chairman's Clinic (undetermined or multiple diagnostic referral)
- Congenital Diaphragmatic Hernia
- Cystic Fibrosis
- Developmental Peds
- Diabetes
- Eating Disorders
- Endocrine
- ENT
- Gastroenterology
- General/Thoracic Surgery
- Genetics
- Hematology/Oncology (St. Jude Clinic)
- Home Vent
- Infectious Disease
- Nephrology
- Neurology/Epileptology
- Neuropsychology
- Neurosurgery
- Obesity/Weight Management
- Ophthalmology
- Orthopaedic
- Plastic Surgery
- Psychiatry
- Psychology
- Psychotherapy
- Pulmonology
- Resource Link
- Spina Bifida
- Urology

Consultation Consult/Initiate Treatment Treatment
(consult = request for opinion/advise on diagnosing or treating)

Specialist Preferred/Requested: _____ Time frame to be seen: _____

Reason for Request (symptom(s) to be evaluated / condition(s) requesting feedback / condition(s) to treat:

Interpreter Needed Yes No What type? _____

Requesting Provider's Signature: _____ **Date:** _____ **Fax:** _____

Patient Information See Attached Face sheet

First Name: _____ Last Name: _____ MI: _____
 DOB: _____ Sex: M F SS# _____
 Address _____ Phone # _____
 City _____ State _____ Zip _____

Parent/Legal Guardian Information

Mother's Name: _____
First Last
 Father's Name: _____
First Last
 Other Relationship: _____ Name: _____
First Last
 Address (if different): _____
 City _____ State _____ Zip _____
 Home Phone: (_____) _____ Cell Phone: (_____) _____
 Work Phone: (_____) _____ Pager Phone: (_____) _____

Requesting Provider: _____ NPI: _____

Collaborating Physician for Mid Level Providers: _____

Office Contact Person: _____ Phone: _____

Insurance Name: _____

Pre-Auth Required: Yes No Auth No.: _____

Requesting Provider has sent the following information:

<input type="checkbox"/> List of current medications (including OTC and Herbs)	<input type="checkbox"/> Allergies
<input type="checkbox"/> Pertinent Summary/Problem list	<input type="checkbox"/> Pertinent Physicians Notes
<input type="checkbox"/> Recent Lab Work	<input type="checkbox"/> Copy of insurance card
<input type="checkbox"/> Specialty Pertinent Information (see website for each specialty)	

Information Pending: _____

Comments/Special Needs: _____

SPECIALIST OFFICE USE ONLY

Appointment Information

Appointment scheduled: Yes No Information sent to family: Yes No

Date: _____ Time: _____ Location: _____

Appointment with Dr.: _____