# Norton Children's Medical Group, affiliated with UofL School of Medicine

## PATIENT INFORMATION

| | | | |
|---|---|---|---|
| Date of referral: | | Referring office contact name and number: | |
| Patient's name: (Last) | First: | Middle: | |
| Birthdate: | | ☐ M ☐ F | |
| Insurance name: | | ID#: | |
| Street address: | City: | State: | ZIP: |
| Home phone: ( ) | Cellphone: ( ) | Work phone: ( ) | |
| Will family need an interpreter? ☐ Yes ☐ No | | Primary language spoken: | |
| Is this child in foster care? ☐ Yes ☐ No If yes, complete case manager info ▶ | Case manager name: (Last, First) | Phone: ( ) | |

## PARENT/LEGAL GUARDIAN INFORMATION

| | | |
|---|---|---|
| Parent 1 name: (Last) | First: | Middle: |
| Parent 2 name: (Last) | First: | Middle: |
| Guardian's name: (Last) | First: | Relation to child: |
| Guardian's street address (if different from child's): | | |

| | | | | |
|---|---|---|---|---|
| City: | State: | ZIP: | Home phone: ( ) | Cellphone: ( ) |

## PEDIATRIC SPECIALTY REQUESTED (WITH FAX NUMBERS LISTED)

| | | | |
|---|---|---|---|
| ☐ Acupuncture | (502) 588-2551 | ☐ Neonatal (follow-up) | (502) 588-0987 |
| ☐ Allergy | (502) 588-9535 | ☐ Nephrology | (502) 588-7713 |
| ☐ Autism Center | (502) 588-0721 | ☐ Neurology | (502) 588-7852 |
| ☐ Behavioral & Mental Health | (502) 588-0801 | ☐ Neurosurgery | (502) 583-2120 |
| ☐ Cardiology | (502) 588-7728 | ☐ Orthopedics | (502) 394-5600 |
| ☐ Dermatology | (502) 266-2632 | ☐ Pediatric/Adolescent Gynecology | (502) 666-7707 |
| ☐ Development Center | (502) 588-9534 | ☐ Pediatric Surgery | (502) 588-0396 |
| ☐ Endocrinology | (502) 588-3401 | ☐ Physical Medicine and Rehabilitation | (502) 588-7776 |
| ☐ ENT & Audiology | (502) 588-9580 | ☐ Pulmonology | (502) 588-9553 |
| ☐ Eye Care | (502) 588-0554 | ☐ Radiology | (502) 629-5309 |
| ☐ Gastroenterology | (502) 588-9513 | ☐ Rheumatology | (502) 588-9554 |
| ☐ Genetics Center | (502) 588-0861 | ☐ Sleep Medicine | (502) 588-2221 |
| ☐ Hematology/Oncology | (502) 588-9536 | ☐ Urology | (502) 394-1999 |
| ☐ Infectious Diseases | (502) 588-2334 | ☐ Wendy Novak Diabetes Center | (502) 588-3401 |

**Does this patient need an urgent appointment?** ☐ Yes ☐ No

Do you want this patient scheduled with a specific provider? ☐ Yes ☐ No If so, whom? _____

(*Note: Requesting a specific provider may cause delays in appointment scheduling.*)

## REASON FOR REFERRAL

Presenting concerns: **Attach last H&P and any test results**

Current diagnosis/rule-out diagnosis (if any): **Attach copy of referral if needed**

## REFERRING PROVIDER INFORMATION

Are you the patient's primary care provider? ☐ Yes ☐ No If no, list PCP name and phone number below:

| | | | |
|---|---|---|---|
| PCP name: | | PCP phone: ( ) | Provider's NPI# |
| Referring provider's name: | | Street address: | |
| City: | State: | ZIP: | County: |
| Group name: | | Office phone: ( ) | Fax: ( ) |
| Direct phone: ( ) | Email address: | | |



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