

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: | | | <input type="checkbox"/> M <input type="checkbox"/> F | | |
| Insurance name: | | | ID#: | | |
| Street address: | | City: | | State: | ZIP: |
| Home phone: () | | Cellphone: () | | Work phone: () | |
| Will family need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Primary language spoken: | | |
| Is this child in foster care? <input type="checkbox"/> Yes <input type="checkbox"/> 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) | | | | | |
| <input type="checkbox"/> Acupuncture | | (502) 588-2551 | | <input type="checkbox"/> Neurosurgery | |
| <input type="checkbox"/> Allergy | | (502) 588-9535 | | (502) 583-2120 | |
| <input type="checkbox"/> Autism | | (502) 588-0721 | | <input type="checkbox"/> Orthopedics | |
| <input type="checkbox"/> Cardiology | | (502) 588-7728 | | (502) 394-5600 | |
| <input type="checkbox"/> Dermatology | | (502) 266-2632 | | <input type="checkbox"/> Pediatric Surgery | |
| <input type="checkbox"/> Endocrinology | | (502) 588-3401 | | (502) 588-0396 | |
| <input type="checkbox"/> Gastroenterology | | (502) 588-9513 | | <input type="checkbox"/> Ped/Adolescent Gynecology | |
| <input type="checkbox"/> Hematology/Oncology | | (502) 588-9536 | | (502) 666-7707 | |
| <input type="checkbox"/> Infectious Diseases | | (502) 588-2334 | | <input type="checkbox"/> Physical Medicine and Rehabilitation | |
| <input type="checkbox"/> Mental and Behavioral Health | | (502) 588-0801 | | (502) 588-7776 | |
| <input type="checkbox"/> Neonatal (follow-up) | | (502) 588-0987 | | <input type="checkbox"/> Pulmonology | |
| <input type="checkbox"/> Nephrology | | (502) 588-7713 | | (502) 588-9553 | |
| <input type="checkbox"/> Neurology | | (502) 588-7852 | | <input type="checkbox"/> Radiology | |
| | | | | (502) 629-5309 | |
| | | | | <input type="checkbox"/> Rheumatology | |
| | | | | (502) 588-9554 | |
| | | | | <input type="checkbox"/> Sleep Medicine | |
| | | | | (502) 588-2221 | |
| | | | | <input type="checkbox"/> Urology | |
| | | | | (502) 394-1999 | |
| | | | | <input type="checkbox"/> Weisskopf Center – Development | |
| | | | | (502) 588-9534 | |
| | | | | <input type="checkbox"/> Weisskopf Center – Genetics | |
| | | | | (502) 588-0861 | |
| | | | | <input type="checkbox"/> Wendy Novak Diabetes Center | |
| | | | | (502) 588-3401 | |
| Does this patient need an urgent appointment? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Do you want this patient scheduled with a specific provider? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, whom? _____ | | | | | |
| <i>(Note: Requesting a specific provider may cause delays in appointment scheduling.)</i> | | | | | |
| 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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: | | | |