DOERNBECHER CHILDREN'S *Hospital*
OHSU

Consultation Request to Doernbecher Specialty Pediatric Clinics

Please provide the following so we can quickly schedule an appointment:

☐ Pertinent medical records ☐ Demographic sheet ☐ Insurance authorization (if required)

Fax this form and pertinent medical records to: 888 346-0645 or 503 346-0645.

Patient Information

Patient Name: _____ ☐ M ☐ F

Street Address: _____

City, State: _____ Date of Birth: ___/___/___

Parent/Guardian: _____

(Please check preferred contact phone number:)

☐ Home _____ ☐ Cell _____ ☐ Work _____

Interpreter needed? ☐ Yes ☐ No If yes, Language: _____

Insurance Co.: _____ Member No.: _____

Auth #: _____ Notes: _____

This visit is … (mark one):

☐ Routine: Within 30 days ☐ Semi-Urgent:* Within 2 weeks

☐ Urgent:* Less than 48 hours

* If Urgent or Semi-Urgent, please specify a reason: _____

_____

_____

ICD-10 code: _____

Patient's Medical Issue:

Please tell us what specific medical issue to address at this visit:

_____

_____

_____

_____

Primary Care Provider (if different from referring): _____

Referring Provider Information

Name: _____ Clinic: _____

City, State: _____ Phone Number: _____

Fax: _____ E-mail: _____

Office Contact: _____

OFFICE USE ONLY

Date Received: _____ Received by: _____

Date Reviewed: _____ Reviewing Provider: _____

If you have any questions or would like to order more referral forms, please call **503 346-0644** or **888 346-0644**, or visit **www.doernbecher.com/referral**.

DCH 3079874 11/15

Thank you for referring your patient to OHSU Doernbecher Children's Hospital.

Please indicate the specialty to which you are referring your patient:

- ☐ Adolescent Health/ Eating Disorders
- ☐ Aerodigestive Clinic
- ☐ Audiology
- ☐ Autism
- ☐ Behavioral Pediatrics
- ☐ Cardiac Surgery
- ☐ Cardiology
- ☐ Child Development
- ☐ Cleft Lip/Palate – Craniofacial
- ☐ Cochlear Implant
- ☐ Congenital Brain Abnormalities
- ☐ Dermatology
- ☐ Diabetes
- ☐ Down Syndrome
- ☐ Endocrinology
- ☐ Feeding and Swallowing
- ☐ Gastroenterology/ Liver Clinic
- ☐ General Pediatrics
- ☐ General Surgery
- ☐ Genetics
- ☐ Hematology/ Oncology
- ☐ Hemophilia, Bleeding and Thrombosis
- ☐ Infectious Disease
- ☐ Lactation
- ☐ Lipid Clinic
- ☐ Metabolism
- ☐ Nephrology
- ☐ Neurodevelopment
- ☐ Neurology
- ☐ Neuropsychology
- ☐ Neurosurgery
- ☐ Nutrition
- ☐ Obesity (Healthy Lifestyles clinic)
- ☐ Occupational Therapy
- ☐ Ophthalmology
- ☐ Orthopaedics
- ☐ Otolaryngology/ENT
- ☐ Physical Therapy
- ☐ Plastic Surgery
- ☐ Psychiatry
- ☐ Psychology
- ☐ Pulmonary
- ☐ Rett Syndrome
- ☐ Scoliosis and Pediatric Spinal Deformity
- ☐ Sleep Clinic
- ☐ Special Needs Dental
- ☐ Speech and Language
- ☐ Spina Bifida
- ☐ Urology
- ☐ Vascular Anomalies
- ☐ Voice and Swallowing

☐ Other: _____

For **Radiology**, **Lab** or **Echo** referral, see **www.doernbecher.com/referral**