

Referring Provider: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Practice Name: \_\_\_\_\_ Fax: \_\_\_\_\_

Practice Address \_\_\_\_\_ PCP Name: \_\_\_\_\_

Patient Name: \_\_\_\_\_ MRN# \_\_\_\_\_

DOB: \_\_\_\_\_  Male  Female Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Parent/Guardian (Last, First): \_\_\_\_\_ Phone \_\_\_\_\_

Will a supplied interpreter be needed for this appointment?  No  Yes Language: \_\_\_\_\_

Health Insurance: \_\_\_\_\_ Subscribers Name: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group# \_\_\_\_\_ Subscribers DOB \_\_\_\_\_

## Referral for Dartmouth Health Children's Specialties | Consultation and Appointment Request

**Please select the service requested:**  Consultation, test and treat  Known dx – assume subset and care  Test only

**Urgency of Appointment:**  Routine  Urgent Explain: \_\_\_\_\_

### Please select the specialty requested:

**Lebanon: Phone: (866) 346-2362 Fax: (603) 676-4080 Medically Urgent Fax: (603) 640-1909**

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Adolescent Medicine  | <input type="checkbox"/> Dermatology         | <input type="checkbox"/> Lipid & Weight Management* | <input type="checkbox"/> Otolaryngology   |
| <input type="checkbox"/> Allergy & Clinical Immunology  | <input type="checkbox"/> Endocrinology*      | <input type="checkbox"/> Neonatology                | <input type="checkbox"/> Plastic Surgery  |
| <input type="checkbox"/> Cardiology (Pedi Cardiology, Adult<br>Congenital & Fetal Echocardiogram) | <input type="checkbox"/> Gastroenterology*   | <input type="checkbox"/> Nephrology                 | <input type="checkbox"/> Pulmonology      |
| <input type="checkbox"/> CAPP (Child Advocacy<br>& Protection Program)                            | <input type="checkbox"/> General Surgery     | <input type="checkbox"/> Neurology***               | <input type="checkbox"/> Rheumatology     |
| <input type="checkbox"/> Child Development  | <input type="checkbox"/> Genetics            | <input type="checkbox"/> Neurosurgery               | <input type="checkbox"/> Sports Medicine  |
|   | <input type="checkbox"/> Hematology/Oncology | <input type="checkbox"/> Ophthalmology              | <input type="checkbox"/> Thoracic Surgery |
|   | <input type="checkbox"/> Infectious Disease  | <input type="checkbox"/> Orthopaedics               | <input type="checkbox"/> Urology          |

**Manchester-1st floor: Phone: (603) 695-2745 Fax: (603) 676-4080 Medically Urgent Fax: (603) 640-1909**

- |   |                                      |                                      |  |
|---|--------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Cardiology (Pedi, Fetal, Adult Congenital) | <input type="checkbox"/> Neonatology | <input type="checkbox"/> Pulmonology | <input type="checkbox"/> Sports Medicine |
| <input type="checkbox"/> General Surgery                            | <input type="checkbox"/> Nephrology  | <input type="checkbox"/> Urology     |  |
| <input type="checkbox"/> Medical Genetics: Phone: (603) 629-8355    |                                      |                                      |  |

**Manchester-2nd floor: Phone: (603) 695-2790 Fax: (603) 676-4080 Medically Urgent Fax: (603) 640-1909**

- |  |  |   |                                    |
|--|--|---|------------------------------------|
| <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Endocrinology*    | <input type="checkbox"/> Infectious Disease         | <input type="checkbox"/> Nutrition |
| <input type="checkbox"/> Diabetes        | <input type="checkbox"/> Gastroenterology* | <input type="checkbox"/> Lipid & Weight Management* |                                    |

**Bedford: Fax: (603) 676-4080 Medically Urgent Fax: (603) 640-1909**

- |   |  |
|---|--|
| <input type="checkbox"/> Allergy: Phone: (603) 695-2560 | <input type="checkbox"/> Infectious Disease: Phone: (603) 650-6063 |
|---|--|

**Nashua: Fax: (603) 676-4080 Medically Urgent Fax: (603) 640-1909**

- |  |  |
|--|--|
| <input type="checkbox"/> Cardiology: Phone: (603) 695-2740 | <input type="checkbox"/> Medical Genetics: Phone: (603) 629-8355 |
|--|--|

**Concord and Keene: Fax: (603) 676-4080 Medically Urgent Fax: (603) 640-1909**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> check for Concord | <input type="checkbox"/> check for Keene | <input type="checkbox"/> Cardiology: Phone: (603) 653-9888 |
|--|--|--|

\*Growth chart needed with referral \*\*Growth chart, all past labs and last pertinent notes are **required** with referral

\*\*\*For Manchester Pediatric Neurology appointments, please use the Pediatric & Adult Neurology Manchester form

**Please attach with this form insurance information, relevant office records and/or prior lab studies/images.**