# Duke Children's and WakeMed Children's Specialty Services

## Request for Consultation • Fax referral to 919-862-1202

### PATIENT DEMOGRAPHIC INFORMATION

Date

Patient Name

Duke/WakeMed History No. (if available)

If patient is less than 18 yrs., Guardian Name

Address

City/State/Zip

Date of Birth | Gender ❑ M ❑ F Race

Home Phone | Work | Cell

Parent/Guardian E-mail | Parent/Guardian Birthdate

Does patient/family need an interpreter? ❑ No ❑ Yes If yes, please specify language

### REFERRAL INFORMATION

Specific Consultant ❑ No ❑ Yes, Specify Name

Reason for Referral

Pertinent History

Symptoms

### MEDICAL SERVICES

- ❑ Allergy-Immunology
- ❑ Cardiology
- ❑ Endocrinology & Diabetes
- ❑ Gastroenterology
- ❑ Hematology
- ❑ Infectious Diseases
- ❑ Medical Genetics
- ❑ Nephrology
- ❑ Neurology
- ❑ Neurosurgery
- ❑ Pediatric Surgery
- ❑ Pulmonary & Sleep Medicine
- ❑ Rheumatology
- ❑ Urology

### REFERRING PHYSICIAN INFORMATION

Name

Practice Name (if applicable)

Address

City/State/Zip

Office Phone | Fax

Name of Person Completing This Form

### PATIENT INSURANCE INFORMATION (copy and attach both sides of card)

Insurance Name

Policyholder's Name

Policyholder's DOB | Insurance Phone

Policy Number | Group Number

Medicaid Authorization number for visit | Exp. Date

❑ Care referral authorizations initiated

*Thank you for referring your patient to Duke Children's & WakeMed Children's Specialty Services*

23 Sunnybrook Road, Suite 200
Raleigh, NC 27610
Telephone: 919-862-1200
Center Fax: 919-862-1201
Referral Fax: 919-862-1202

### PLEASE FAX WITH REFERRAL

- Any pertinent medical records, x-rays, ultrasounds, test results (patient should bring films on CD)
- Most recent history and physical (clinic notes)

### OFFICE USE ONLY

Appointment Date | Time: | ❑ am ❑ pm

Program/Physician

Duke Children's HOSPITAL & HEALTH CENTER

WakeMed Children's