Valleywise Health

PEDIATRIC SPECIALTY REFERRAL

Fax to: 602-344-0785 □ **Routine** □ **Urgent**

Date of referral:	Practice Name:		
Referring Provider:	PCP □ same as referring		
Referring Provider Signature:			
Practice Referral Contact Person:			
Practice Contact Phone#:	Practice Contact Fax#:		
Patient Demographic Information			
Patient Name:	DOB:		
Parent/Guardian Name:	Relationship:		
Parent/Guardian Phone#:	Alternate Phone#: □ none		
Patient Address:			
Patient's Insurance	Insurance ID#:		
	Group:		
Authorization Number:	#Visits:	□ Requested but pending	□ No Auth. required

Service Type Requested

Pediatric Medical Specialty Requested:			**Outpatient Procedure**
□ Adolescent	□ Gastroenterology	□ Podiatry	□ Echocardiogram
□ Audiology	□ Genetics	□ Pulmonary	□ EKG (Walk-in M-F 7:00am-3:00pm)
□ Burn Clinic (Call 602-344-5112)	□ Infectious Disease	□ ST □ OT □ PT	□ Holter Monitoring
□ Cardiology	□ Neurology	□ Surgery	□ Medical Imaging (Call 602-344-1300 or fax 602-344-1313) (Please also complete Medical Imaging Referral form in its entirety to expedite scheduling)
□ Dental	□ Neurosurgery	□ Urology	
□ Dermatology	□ OB/GYN (Teen OB)		
□ Endocrinology	□ Ortho (Trauma only)		
□ ENT	□ Optometry/Ophthalmology	(No routine eye exams Medical only ages 4+)	□ Other

Clinical Information:

Reason for referral:	
Diagnosis:	Dx Code:

In order to assist us in providing the best care for your patient, please include copies of the following critical clinical information as well as results of any diagnostic testing that may have already been done and let us know what is pending.

Recent Progress notes:	□ Attached	□ None Available	
Current Problem List:	□ Attached	□ None Available	
Current Medication List:	□ Attached	□ None Available	
Current Immunizations record:	□ Attached	□ None Available	
Current Growth Chart:	□ Attached	□ None Available	
Relevant X-ray reports: (Recent CXR needed for Cardiology)	□ Attached	□ None Available	□ Pending
Notes from previous specialists if not AzCC	□ Attached	□ None Available	
Recent Pertinent Lab results	□ Attached	□ None available	□ Pending
Other pertinent diagnostic reports (i.e. EEG, EKG)	□ Attached	□ None available	□ Pending

Comprehensive Healthcare Center
2525 E Roosevelt Street Phoenix AZ, 85008
Pediatric Scheduling #: 602-344-5887; **Pediatric Clinic #:** 602-344-1018 **Fax # for Referrals:** 602-344-0785
or **Email:** Perla.Zamarron@Valleywisehealth.org