Yale Medicine

Yale NewHaven Health
Yale New Haven Children's Hospital

Pediatric One-Call Center
New Patient Referral Form

Date: _____

Please complete this form in its entirety and **fax it to 203-737-7635** along with pertinent medical records.

Note: All services listed below are included in the One-Call Program. See FAQ Sheet for other Pediatric Programs.

Consult Requested For (check all that apply):

Adolescent Comprehensive Care
- ☐ Eating Disorders

Adoption (see Developmental & Behavioral)

Aerodigestive Program
- ☐ Aerodigestive - ENT
- ☐ Aerodigestive - GI
- ☐ Aerodigestive – Respiratory Medicine
- ☐ Aerodigestive - Surgery

Allergy/Immunology
- ☐ Allergy
- ☐ Immunology

Cardiology
- ☐ Adult Congenital Heart
- ☐ Arrhythmia/Pacemaker
- ☐ Cardiogenetics
- ☐ General Cardiology
- ☐ Heart Failure
- ☐ Kawasaki Disease

Developmental & Behavioral
- ☐ Adoption/Foster Care
- ☐ Autism
- ☐ Young Child DBP Problems
- ☐ School Age DBP Problems

Endocrinology
- ☐ Gender Center
- ☐ General Endocrinology
- ☐ Metabolic Bone Disorders
- ☐ Obesity/PCOS
- ☐ Type 1 Diabetes
- ☐ Type 2 Diabetes

GI/Hepatology
- ☐ Celiac Disease
- ☐ General GI
- ☐ Hepatology/Metabolic Liver
- ☐ Inflammatory Bowel Disease

Hematology/Oncology
- ☐ Bone Marrow Transplant
- ☐ Coagulation Disorders
- ☐ General Hematology
- ☐ General Oncology
- ☐ Hemophilia
- ☐ HEROS/Survivors Clinic
- ☐ Neuro-Oncology
- ☐ Sickle Cell

Infectious Diseases
- ☐ General Infectious Diseases
- ☐ Pediatric Immunology (HIV)

Integrative Medicine
- ☐ Adult & Pediatric Integrative Medicine

MDA/Neuromuscular
- ☐ MDA - Cardiology
- ☐ MDA - Neurology
- ☐ MDA - Orthopedics
- ☐ MDA - Respiratory

Neonatal-Perinatal Medicine
- ☐ NICU GRAD Program

Nephrology
- ☐ Dialysis Management
- ☐ General Nephology
- ☐ Kidney Transplant

Neurology
- ☐ General Neurology
- ☐ Headaches
- ☐ Movement Disorders
- ☐ Spina Bifida
- ☐ Stroke

Respiratory Medicine
- ☐ Asthma
- ☐ BPD
- ☐ CF
- ☐ CPAP/BiPAP
- ☐ Exercise Induced Bronchoconstriction
- ☐ General Respiratory
- ☐ Sleep Disorders

Rheumatology
- ☐ General Rheumatology

Spina Bifida (see Neurology)

Toxicology
- ☐ Lead Clinic

Patient Name: _____ **Gender:** M F **DOB:** _____

Address: _____

Parent/Guardian Name(s): _____

Phone: (Home) _____ **(Work)** _____ **(Cell)** _____

Primary Language if other than English: _____ **Interpreter Req:** ☐ **Yes** ☐ **No**

Brief Medical History/Reason for Referral: _____

_____

Medications: _____

PCP/Referring Provider Name: _____

Address: _____ **Phone:** _____ **Fax:** _____

For additional copies, go to: (http://yalemedicine.org/refer/pediatricspecialty/ or http://pediatrics.yale.edu).

Yale Pediatric Call Center - Phone: 203-785-4081/Fax: 203-737-7635

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