

Yale Pediatrics A PRACTICE OF THE YALE MEDICAL GROUP

PEDIATRIC SPECIALTY NEW PATIENT FORM

Date: _____

OPTION

If faxing a request, choose option 2 and fax form to number below. If calling to schedule an appointment (203-785-4081), we will fax form to you for confirmation.

1 **PHONE OPTION/APPOINTMENT CONFIRMATION:** Your patient has an appointment scheduled with _____ from the _____ service on _____ at _____ AM/PM. Please provide a brief medical history and current medications then fax this form to the appropriate number listed below **ALONG WITH PERTINENT MEDICAL RECORDS.**

SELF REFERRED **PROVIDER REFERRED**

2 **FAX OPTION/APPOINTMENT REFERRAL:** Please complete this form in its entirety and fax it to the appropriate number listed below **ALONG WITH PERTINENT MEDICAL RECORDS.**

Adoption	203-737-7635	GI	203-737-7635	Neurology	203-737-2236
Allergy/Immunology	203-737-7635	Hematology/Oncology	203-737-2228	Respiratory	203-737-7635
Cardiology	203-737-2786	Hepatology	203-785-3365	Rheumatology	203-737-7635
Develop. & Behavioral	203-737-7635	Infectious Diseases	203-785-6961	Spina Bifida	203-737-2236
Diabetes	203-764-6748	MDA/Neuromuscular	203-737-7635	Thyroid Center	203-737-5972
Endocrinology/Obesity	203-764-9149	Nephrology	203-737-7635		

NOTE: SERVICES LISTED IN BOLD ARE INCLUDED IN THE ONE-CALL PROGRAM

Patient Name: _____ **DOB:** _____

Address: _____

Parent/Guardian Name(s): _____

Phone: (Day) _____ **(Evening)** _____ **(Cell)** _____

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

Insurance Company Name: _____ **ID #:** _____

Brief Medical History/Reason For Referral: _____

Hospital Discharge: Yes No **If YES, Specialty Consulted In Hospital:** Yes No

Medications: _____

Labs/Diagnostic Imaging/Records (Please indicate below records you are faxing with this form)

- | | |
|---|---|
| <input type="checkbox"/> Bloodwork | <input type="checkbox"/> Cardiac Tests |
| <input type="checkbox"/> Stool/Urine | <input type="checkbox"/> Neurologic Testing |
| <input type="checkbox"/> Pertinent Office Records/Growth Charts | <input type="checkbox"/> Immunization Records |
| <input type="checkbox"/> X-ray/other diagnostic imaging | <input type="checkbox"/> Other (specify): _____ |

PCP/Referring Provider Name: _____

Address: _____

Phone: _____ **Fax:** _____ **E-mail(optional):** _____

For Yale Office Use Only

Appt. faxed back to PCP: Date: _____ Initials: _____ Info. sent to parent/guardian: Date: _____ Initials: _____

(To Be Completed For Fax Option Appointment Referrals Only)

Date Received: _____ Appointment Date: _____ Appointment Time: _____

Scheduled Provider: _____ Authorized By: _____

Parent/Guardian Notified: Yes No Conversation: _____ Message: _____ Date: _____ Initials: _____

YALE-NEW HAVEN CHILDREN'S HOSPITAL
YALE DEPARTMENT OF PEDIATRICS

PATIENT APPOINTMENTS ARE
AS EASY AS 1-2-3



1
Patient or referring office calls 203-785-4081 to schedule appointment

2
Appointment scheduled immediately or within 24 hours if next available not acceptable

3
A pre-populated New Patient Form is faxed to referring office to complete and fax back with pertinent medical records

2 OPTIONS

- Adoption
- Allergy/Immunology
- Developmental/Behavioral Pediatrics
- GI
- MDA/Neuromuscular
- Nephrology
- Respiratory Medicine
- Rheumatology

Demographic data and reason for referral necessary

1
Referring office faxes New Patient Form completed in its entirety and pertinent medical records to 203-737-7635

2
Appointment scheduled and patient notified within 72 hours

3
Appointment date/time forwarded to referring provider

One-Call Program Frequently Asked Questions

1. Which specialties are included in the One-Call Program?

- Currently the following specialties are a part of the One-Call Program.

Adoption	Nephrology
Allergy/Immunology	MDA/Neuromuscular
Developmental/Behavioral Pediatrics	Respiratory Medicine
GI	Rheumatology

- Because we are adding additional specialties to the One-Call Program on a regular basis, you should always download the latest New Patient Referral Form/Flow Diagram (which includes the list of specialties included in the One-Call Program) from the web (<http://www.yalemedicalgroup.org/about/refer.html> or www.yalepediatrics.org).

2. How are appointments scheduled?

- Appointments are scheduled in one of two ways.
(1) Call 203-785-4081 to schedule appointment or (2) Fax referral to 203-737-7635.

3. Who can initiate an appointment?

- If scheduling by phone, anyone (referring provider, referring provide office, patient/parent) can call 203-785-4081 to schedule the appointment. CALLER MUST KNOW THE PATIENT'S BASIC DEMOGRAPHIC DATA AND REASON FOR REFERRAL.
- If scheduling by fax, the referring provider must complete the Pediatric Specialty New Patient Form and fax it to 203-737-7635.

4. How will I know an appointment has been scheduled?

- Whether the appointment is scheduled by phone or by fax, the One-Call schedulers will fax the Pediatric Specialty New Patient Form to the referring/primary care provider office with the patient's appointment date/time clearly marked.

5. Where do I send office notes/pertinent information?

- If the appointment is scheduled by phone, the One-Call schedulers will fax a pre-populated Pediatric Specialty New Patient Form to the referring/primary care provider office to complete and fax (203-737-7635) back with pertinent medical records.
- If the appointment is schedule by fax, you can fax pertinent medical records at the same time you fax the completed Pediatric Specialty New Patient Form.

6. What if I want to talk to one of the specialists before making the referral?

To speak to one of the specialists before making the referral, call the specialty office directly. Numbers are located on the pediatric website (www.yalepediatrics.org).