

Pediatric New Patient Referral Form

Yale Medicine CARE Center - Phone: 1-877-925-3637 (1-877-YALE MDS)/Fax: 203-737-7635

NOTE: If you need to urgently speak to one of our specialty providers about a patient, call Y-Access at 888-964-4233.

To make a referral via fax, please complete this form in its entirety and **fax it to 203-737-7635** along with medical records.

Medical Records: Attached In EPIC Will fax when available No pertinent records/testing results available

Consult requested for (check all that apply below). See page two for individual program names (check all that apply).

Medical Specialties

<input type="checkbox"/>	Aerodigestive Program
<input type="checkbox"/>	Adolescent Medicine
<input type="checkbox"/>	Allergy/Immunology
<input type="checkbox"/>	Cardiology
<input type="checkbox"/>	Comprehensive Covid Program
<input type="checkbox"/>	Endocrinology/Thyroid Program
<input type="checkbox"/>	Gastroenterology/Hepatology
<input type="checkbox"/>	Genetics
<input type="checkbox"/>	Genomics Discovery Program
<input type="checkbox"/>	Gynecology

<input type="checkbox"/>	Hematology/Oncology
<input type="checkbox"/>	Infectious Diseases
<input type="checkbox"/>	MDA/Neuromuscular Program
<input type="checkbox"/>	Neonatal-Perinatal Medicine
<input type="checkbox"/>	Nephrology
<input type="checkbox"/>	Neurology
<input type="checkbox"/>	Pulmonology/Sleep Medicine
<input type="checkbox"/>	Rheumatology
<input type="checkbox"/>	Spina Bifida
<input type="checkbox"/>	Toxicology

Surgical Specialties

<input type="checkbox"/>	Craniofacial/Plastic Surgery
<input type="checkbox"/>	ENT
<input type="checkbox"/>	General Pediatric Surgery
<input type="checkbox"/>	Neurosurgery
<input type="checkbox"/>	Ophthalmology
<input type="checkbox"/>	Orthopedics/Physiatry
<input type="checkbox"/>	Urology
<input type="checkbox"/>	Vascular and Interventional Radiology * See Contact Numbers* (Phone: 203-785-4747 Fax: 203-737-1077)

Preferred Provider: _____

Preferred Location: _____

Patient Name: _____ **Gender:** _____ **DOB:** _____

Address: _____

Parent/Guardian Name(s): _____

Phone (check preferred): Home _____ Work _____ Cell _____

Primary Language (if other than English): _____ **Interpreter Required: Y N**

Diagnosis/Reason for Referral (for specialty specific programs see attached list): _____

Medications: _____

PCP/Referring Provider Name: _____

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

Pediatric One-Call Center



Services and Programs

Medical

Surgical

Aerodigestive Program	Aerodigestive ENT Aerodigestive GI Aerodigestive Pulmonology Aerodigestive Surgery
Adolescent Medicine	Adolescent Medicine
Allergy/Immunology	Allergy Immunology
Cardiology	Adult Congenital Heart Arrhythmia/Pacemaker Cardiogenetics General Cardiology Heart Failure Kawasaki Disease
Comprehensive Covid Program	Comprehensive Covid Program Cardiology Comprehensive Covid Program ID Comprehensive Covid Program Neurology Comprehensive Covid Program Pulmonology - w/PFT - spirometry, lung volumes, diffusing capacity Comprehensive Covid Program Rheumatology
Endocrinology	Adolescent Bariatric Surgery Program Bright Bodies Fatty Liver Clinic Gender Program General Endocrinology Metabolic Bone Disorders PCOS (Pediatric Polycystic Ovary Syndrome) Pediatric /Adolescent Weight Clinic and Lipid Management Thyroid Program Type 1 Diabetes Type 2 Diabetes
Gastroenterology/Hepatology	Celiac Disease Colorectal Disorders Program General GI Healthy Gut & Constipation Program Hepatology/Metabolic Liver Inflammatory Bowel Disease
Genetics	General Genetics
Genomics Discovery Program	Genomics Discovery Program
Gynecology	General Pediatric and Adolescent Gynecology PCOS (Pediatric Polycystic Ovary Syndrome) Pedi Gyne Heme Pedi Urology DSD
Hematology/Oncology	Bone Marrow Transplant Coagulation Disorders General Hematology General Oncology Hemophilia HEROS/Survivors Program Neuro-Oncology Sickle Cell
Infectious Diseases	General Infectious Diseases Pediatric Immunology (HIV) Tuberculosis (TB)
MDA/Neuromuscular Program	MDA Cardiology MDA Neurology MDA Orthopedics/Physiatry MDA Pulmonology - w/PFT - spirometry, MIP/MEP, Cough PF
Neonatal-Perinatal Medicine	NICU GRAD Program
Nephrology	Dialysis Management General Nephrology Kidney Transplant
Neurology	Epilepsy/Seizures General Neurology Headaches Movement Disorders Multiple Sclerosis
Pulmonology/Sleep Medicine	Asthma - w/PFT - spirometry, bronchodilator, FENO BPD CF - w/PFT - sprimetry CPAP/BiPAP General Pulmonology - w/PFT spirometry, bronchodilator, FENO Sleep Disorders
Spina Bifida	Spina Bifida Neurology Spina Bifida Orthopedics/Physiatry Spina Bifida Urology
Rheumatology	General Rheumatology
Toxicology	Lead Program

Craniofacial/Plastic Surgery	Brachial Plexus (Peripheral Nerve Injuries)
	Craniofacial Surgery
	Hand Surgery
	Reconstructive Surgery:
	Abdominal Wall, Extremities, Trunk
	Vascular Anomalies
	Tumors of Skin/Nevi
	Maxillofacial/Orthognathic Surgery
	Gender Affirmation Surgery
	Aesthetic and Functional Abnormalities of Nose
Ear Deformities	
Problem Wounds	
Weight Loss Body Contouring	
ENT	Ears
	Nose
	Throat
	Head and Neck
General Pediatric Surgery	General Pediatric & Thoracic Surgery
	Maternal Fetal Medicine
Neurosurgery	Concussion
	Congenital Brain and Spine Malformations
	Epilepsy
	General Pediatric Neurosurgery
	Hydrocephalus
	Neuro-Oncology
	Spinal Deformity
	Ophthalmology
Amblyopia	
Strabismus	
Dermoid Cyst	
Blocked Tear Duct	
Orthopedics/Physiatry	Cerebral Palsy
	Fractures
	General Pediatric Orthopedics
	Hip Disorders
	Lower Extremity Disorders/Clubfoot
	Metabolic Bone Disorders
	Scoliosis/Spinal Deformity
	Sports Medicine
Urology	Endourology & Stone Program
	General Pediatric Urology
	Pediatric Bladder Continence Program
	Renal Anomalies
Vascular and Interventional Radiology	Image-guided biopsy
	Image-guided foreign body retrieval with sedation
	Lymphatic disorders/malformations
	Vascular anomaly/malformation program