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<p>Diagnosis/symptom</p> <p>Adolescent Behavioral Medicine</p> <p>13 through 18 years old</p>	<p>Referring provider's initial evaluation and management can include:</p> <ul style="list-style-type: none"> • History and physical including psychosocial • Refer to Psychiatry/ Behavioral Medicine: <ul style="list-style-type: none"> • patient does not take prescribed medication for a behavioral problem • patient has been on more than one psych medication that has not been effective • patient will not take will prescribed medication • Suicidal patient: Contact a mental health professional through the appropriate county's crisis line 	<p>Initiate referral when:</p> <ul style="list-style-type: none"> • Anxiety Disorders including Obsessive-Compulsive Disorder • Attention Deficit Disorder • Depressive Disorders (non-suicidal) • Treatment non adherence with chronic illness • Onset of poor school performance with no clear reason 	<p>What can referring provider send?</p> <ul style="list-style-type: none"> • Pertinent medical records 	<p>Children's workup will likely include:</p> <ul style="list-style-type: none"> • Intake evaluation including anxiety, depression, and school performance measures • Social work consult
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> For more information:

For a full description of consult and referral guidelines for Behavioral Medicine diagnoses see http://www.seattlechildrens.org/health_care_professionals/pdf/guidelines_behavioral.pdf

> Tips for an effective visit:

- Talk with your patient and family about the reason for the referral and the questions to be answered.
- Our providers appreciate having the information ahead of time.



Diagnosis/symptom

Adolescent Reflex Neurovascular Dystrophy (RND)

12 through 17 years old; ages 9 through 11 years by review only

Referring provider's initial evaluation and management can include:

- History and physical including psychosocial
- Imaging Studies
- Referral to Orthopedic Clinic for patients with abnormalities on imaging studies, concern for mechanical anomalies, or occult fracture
- Referral to Rheumatology for patients with joint swelling, rashes, or other concern for rheumatic disease

Initiate referral when:

- Fibromyalgia, interested in an intensive exercise program
- Pain for 3 weeks which is frequent, severe or associated with significant functional disability
- Prior diagnosis of RND
- Motivation to participate in a multidisciplinary physical therapy and behavioral treatment program
- Willing to discontinue any pain medications that might interfere with participation in the treatment program

What can referring provider send?

- Pertinent medical records
- Reports from specialists
- Radiographic reports
- Relevant laboratory studies
- A completed list of all prior methods used to treat pain

Children's workup will likely include:

- Occupational and Physical Therapy
- Consideration for mental health evaluation
- Social work consult

> Tips for an effective visit:

- Talk with your patient and family about the reason for the referral and the questions to be answered.
- Our providers appreciate having the information ahead of time.



Diagnosis/symptom

Biofeedback

9 through 18 years old

Referring provider's initial evaluation and management can include:

- Headache: physical evaluation including blood pressure and a fundoscopic examination, brain imaging unless referred by Children's Neurology Clinic

Initiate referral when:

- Negative history of generalized anxiety or panic attacks
- Headache
- Raynaud's, subsequent to a rheumatology evaluation
- Abdominal pain, rumination, irritable bowel syndrome, and inflammatory bowel disease, subsequent to a Gastroenterology evaluation
- Chest Pain and Postural Orthostatic Tachycardia Syndrome, subsequent to a cardiology evaluation

What can referring provider send?

- Pertinent medical records
- Radiographic reports
- Relevant laboratory studies
- List of all medications

Children's workup will likely include:

- Intake forms, which include symptoms inventory, anxiety scales, child depression inventory and self-efficacy forms will be obtained.

> Tips for an effective visit:

- Talk with your patient and family about the reason for the referral and the questions to be answered.
- Our providers appreciate having the information ahead of time.



Diagnosis/symptom

Chronic Fatigue

12 through 18 years of age

Referring provider's initial evaluation and management can include:

- History and physical including orthostatic vital signs, temperature, height and weight
- Laboratory studies to rule out organic medical etiology

Initiate referral when:

- Patients with fatigue present more than 6 months

What can referring provider send?

- Pertinent medical records, growth charts
- Radiographic reports
- Relevant laboratory studies
- List of all medications

Children's workup will likely include:

- Evaluation includes assessment for the presence of mood disorder, anxiety, and other psychosocial contributors
- Evaluation for CDC criteria defined chronic fatigue syndrome
- Physical therapy and mental health referrals

> Tips for an effective visit:

- Talk with your patient and family about the reason for the referral and the questions to be answered.
- Our providers appreciate having the information ahead of time.



<p>Diagnosis/symptom Chronic Somatic Complaints 12 through 18 years of age</p>	<p>Referring provider's initial evaluation and management can include:</p> <ul style="list-style-type: none"> • History and physical • Laboratory studies 	<p>Initiate referral when:</p> <ul style="list-style-type: none"> • Abdominal pain • Diffuse pain • Dizziness • Suspected Fibromyalgia • Unclear diagnosis 	<p>What can referring provider send?</p> <ul style="list-style-type: none"> • Pertinent medical records 	<p>Children's workup will likely include:</p> <ul style="list-style-type: none"> • Referrals to other specialists as needed, including mental health • Further diagnostic workup
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> Tips for an effective visit:

- Talk with your patient and family about the reason for the referral and the questions to be answered.
- Our providers appreciate having the information ahead of time.



Diagnosis/symptom

Eating Disorders

9 through 18 years old

Referring provider's initial evaluation and management can include:

- History and physical including orthostatic vital signs, temperature, height and weight

Initiate referral when:

- Weight below 85 % ideal body weight
- Absence of menses for three months
- Binging, purging

What can referring provider send?

- Pertinent medical records, growth charts
- Relevant laboratory studies
- List of all medications

Children's workup will likely include:

- Electrolytes
- Renal, liver function, & thyroid studies
- UA, EKG, DEXA Scan
- Nutrition and Mental Health referral
- Social work consult

> Tips for an effective visit:

- Talk with your patient and family about the reason for the referral and the questions to be answered.
- Our providers appreciate having the information ahead of time.



<p>Diagnosis/symptom Male Health 10 through 21 years of age</p>	<p>Referring provider's initial evaluation and management can include:</p> <ul style="list-style-type: none"> • History and physical • Laboratory studies 	<p>Initiate referral when:</p> <ul style="list-style-type: none"> • Gynecomastia • Non acute testicular pain/mass • STDs • Sexual identity • Sexual concerns (i.e. erectile dysfunction) • Delayed puberty • Behavioral/academic performance issues • Chronic illness compliance issues 	<p>What can referring provider send?</p> <ul style="list-style-type: none"> • Pertinent medical records 	<p>Children's workup will likely include:</p> <ul style="list-style-type: none"> • Referrals to other specialists as needed, including urology and mental health
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> Tips for an effective visit:

- Talk with your patient and family about the reason for the referral and the questions to be answered.
- Our providers appreciate having the information ahead of time.



<p>Diagnosis/symptom Overweight</p> <p>12 through 18 years of age</p>	<p>Referring provider's initial evaluation and management can include:</p> <ul style="list-style-type: none"> • History and physical • Laboratory studies 	<p>Initiate referral when:</p> <ul style="list-style-type: none"> • > 85th percentile BMI 	<p>What can referring provider send?</p> <ul style="list-style-type: none"> • Pertinent medical records, growth charts 	<p>Children's workup will likely include:</p> <ul style="list-style-type: none"> • Assessment for motivation to change behavior • Nutrition and mental health referral • Social work consult
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> Tips for an effective visit:

- Talk with your patient and family about the reason for the referral and the questions to be answered.
- Our providers appreciate having the information ahead of time.



Diagnosis/symptom

Pediatric and Adolescent Gynecology

Birth through 20 years old

Referring provider's initial evaluation and management can include:

- History and physical

Initiate referral when:

- Abdominal pain with possible gynecological etiology
- Vaginal bleeding and/or discharge, labial adhesions, lichen sclerosus, or other vulvovaginal symptoms
- Possible sexual abuse
- Menstrual control and routine, non-surgical gynecological care in those with developmental delays
- Amenorrhea, irregular or heavy menses, dysmenorrhea, premenstrual syndrome
- Ovarian cyst or mass, vaginal mass
- STDs including PID or genital warts
- Polycystic Ovarian Syndrome
- Pelvic exams and pap smears, contraceptive management including pregnancy testing

What can referring provider send?

- Pertinent medical records, growth charts
- Radiographic reports
- Relevant laboratory studies
- List of all medications

Children's workup will likely include:

- Pelvic exam
- STD screen
- Pregnancy Testing
- Vaginal Cultures
- Pap Smear
- Hormone levels
- Referral to other specialists as needed
- Radiological studies
- Social work consult

> Tips for an effective visit:

- Talk with your patient and family about the reason for the referral and the questions to be answered.
- Our providers appreciate having the information ahead of time.