



## Directory

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| <p><b>Diagnosis/symptom</b></p> <p><b>Adolescent Behavioral Medicine</b></p> <p>12 through 20 years old</p> | <p><b>Referring provider's initial evaluation and management can include:</b></p> <ul style="list-style-type: none"> <li>• History and physical including psychosocial</li> <li>• Refer to Psychiatry/ Behavioral Medicine:             <ul style="list-style-type: none"> <li>• patient does not take prescribed medication for a behavioral problem</li> <li>• patient has been on more than one psych medication that has not been effective</li> <li>• patient will not take will prescribed medication</li> </ul> </li> <li>• Suicidal patient: Contact a mental health professional through the appropriate county's crisis line</li> </ul> | <p><b>Initiate referral when:</b></p> <ul style="list-style-type: none"> <li>• Anxiety Disorders including Obsessive-Compulsive Disorder</li> <li>• Attention Deficit Disorder</li> <li>• Depressive Disorders (non-suicidal)</li> <li>• Treatment non adherence with chronic illness</li> <li>• Onset of poor school performance with no clear reason</li> </ul> | <p><b>What can referring provider send?</b></p> <ul style="list-style-type: none"> <li>• Pertinent medical records</li> </ul> | <p><b>Children's workup will likely include:</b></p> <ul style="list-style-type: none"> <li>• Intake evaluation including anxiety, depression, and school performance measures</li> <li>• Social work consult</li> </ul> |
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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](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**

**Chronic Fatigue**

12 through 20 years old

**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

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| <p><b>Diagnosis/symptom</b><br/><b>Chronic Somatic Complaints</b><br/>12 through 20 years old</p> | <p><b>Referring provider's initial evaluation and management can include:</b></p> <ul style="list-style-type: none"> <li>• History and physical</li> <li>• Laboratory studies</li> </ul> | <p><b>Initiate referral when:</b></p> <ul style="list-style-type: none"> <li>• Abdominal pain</li> <li>• Diffuse pain</li> <li>• Dizziness</li> <li>• Suspected Fibromyalgia</li> <li>• Unclear diagnosis</li> </ul> | <p><b>What can referring provider send?</b></p> <ul style="list-style-type: none"> <li>• Pertinent medical records</li> </ul> | <p><b>Children's workup will likely include:</b></p> <ul style="list-style-type: none"> <li>• Referrals to other specialists as needed, including mental health</li> <li>• Further diagnostic workup</li> </ul> |
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**Diagnosis/symptom**

**Eating Disorders**

9 through 20 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

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| <p><b>Diagnosis/symptom</b><br/><b>Male Health</b><br/>10 through 20 years old</p> | <p><b>Referring provider's initial evaluation and management can include:</b></p> <ul style="list-style-type: none"> <li>• History and physical</li> <li>• Laboratory studies</li> </ul> | <p><b>Initiate referral when:</b></p> <ul style="list-style-type: none"> <li>• Gynecomastia</li> <li>• Non acute testicular pain/mass</li> <li>• STDs</li> <li>• Sexual identity</li> <li>• Sexual concerns (i.e. erectile dysfunction)</li> <li>• Delayed puberty</li> <li>• Behavioral/academic performance issues</li> <li>• Chronic illness compliance issues</li> </ul> | <p><b>What can referring provider send?</b></p> <ul style="list-style-type: none"> <li>• Pertinent medical records</li> </ul> | <p><b>Children's workup will likely include:</b></p> <ul style="list-style-type: none"> <li>• Referrals to other specialists as needed, including urology and mental health</li> </ul> |
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| <p><b>Diagnosis/symptom</b><br/><b>Overweight</b><br/>12 through 20 years old</p> | <p><b>Referring provider's initial evaluation and management can include:</b></p> <ul style="list-style-type: none"> <li>• History and physical</li> <li>• Laboratory studies</li> </ul> | <p><b>Initiate referral when:</b></p> <ul style="list-style-type: none"> <li>• &gt; 85th percentile BMI</li> </ul> | <p><b>What can referring provider send?</b></p> <ul style="list-style-type: none"> <li>• Pertinent medical records, growth charts</li> </ul> | <p><b>Children's workup will likely include:</b></p> <ul style="list-style-type: none"> <li>• Assessment for motivation to change behavior</li> <li>• Nutrition and mental health referral</li> <li>• Social work consult</li> </ul> |
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**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

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