Seattle Children's
HOSPITAL • RESEARCH • FOUNDATION

New Appointment Request Form

Please **print clearly** and fax this completed form with pertinent clinical information to **(206) 985-3121**. Please call the Intake Coordinators at 206-987-2080, opt 2 to expedite this referral if needed.

For emergent requests: Please contact the appropriate on call provider at (206) 987-7777 *to discuss emergent issues or alternate resources. Psychiatry patients in emergent crisis should be referred to the Crisis Outreach Response System at 206-461-3222.*

Date of referral:	Best contact phone(s):
Patient last name: First:	Middle:
Date of birth:	Sex: ☐ Male ☐ Female
Twin or multiple birth? ☐ Yes ☐ No	Previous legal name:
Mother's last name at birth:	Insurance Plan:
Parent/guardian name:	Interpreter needed? ☐ Yes Language:
Primary caregiver's email address:	State of residence (if not Washington): ☐ AK ☐ MT ☐ ID ☐ Other:
Specialty Clinic Requested:	**Please choose one:** **Consult ☐ Transfer of Care ☐** **Second Opinion ☐**
Referral Submission Checklist (Check all included with the referral form): ☐ Referring providers clinical records ☐ Growth grids/data ☐ Pertinent laboratory testing reports ☐ Pertinent radiology testing reports ☐ Demographics page/Face sheet ☐ Previous specialty evaluations, for second opinions or transfers of specialty care ☐ No work up done or pertinent clinical records available	**Category of Request (Check all that apply):** ☐ Diagnostic Evaluation ☐ Medical Management ☐ Medication Evaluation/Management ☐ Mental Health Therapy ☐ Surgical Options/Opinion ☐ Telemedicine/Preferred site: _____ ☐ Special Request:
Clinical reason for this referral including relevant health history:	
Requesting provider:	☐ Primary Care Provider ☐ Other
Best contact number:	Fax:

Please review the Clinic Referral Information at http://www.seattlechildrens.org/referralinfo/ *to help ensure timely and appropriate coordination of care.* ***Federal guidelines require your request to clearly indicate if this is a consult versus a referral (transfer of care).***

Please contact the Clinical Intake Nurses at 206-987-2080, opt 1 with clinical questions regarding referrals.

NOTE: Group Health, Molina, or Tricare insurance subscribers and mental health requests may require pre-authorization prior to scheduling.

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