

New Appointment Request Form (NARF)

Please fill out as completely as possible
 Fax to: 206-985-3121, Attn: Clinical Intake



Seattle Children's
 HOSPITAL • RESEARCH • FOUNDATION

To check the status of a referral or to speak with a Clinical Intake Nurse call 206-987-2080.

For emergent requests: please contact the appropriate on-call provider at 206-987-7777.

For non-emergent priority referrals, please indicate urgency below:

Urgent (Within 4 Weeks) Routine (Next Available Appointment)

First: Preferred First Name:	Middle:	Last:
Date of Birth:	Gender Identity: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Female <input type="checkbox"/> Transgender Male <input type="checkbox"/> Non-Binary <input type="checkbox"/> Genderqueer	
Legal Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Pronouns: <input type="checkbox"/> she/her <input type="checkbox"/> he/him <input type="checkbox"/> they/them	
Patient Address:	Zip Code:	
Guardian Name and Relationship:	Guardian Phone:	
Interpreter Needed <input type="checkbox"/> Yes Language:	Insurance Plan:	
Service/Specialty Clinic Requested:	Reason for Visit:	
ICD-10 Diagnosis (Required):	<input type="checkbox"/> New Patient Consult <input type="checkbox"/> Transfer of Care <input type="checkbox"/> Return Visit or Ongoing Care <input type="checkbox"/> Second Opinion	
Preferred Clinic Location:		
Reason for Referral (Clinical Question for Specialist):		
Telehealth:		
Are you aware of any barriers to performing a successful telehealth visit with this family? Y / N		
If yes, please provide details:		
<p>Please fax all relevant clinical documents (clinic notes, medication history, growth charts, labs, diagnostic reports, etc.) with this fully completed form to 206-985-3121.</p>		
Referring Provider:	<input type="checkbox"/> Primary Care Provider <input type="checkbox"/> Other:	
Practice Name:	Best Contact Number:	
Email:	Fax:	

NOTE: Some insurance subscribers, including Kaiser, Molina, or Tricare, or mental health requests may require pre-authorization prior to scheduling.

The information contained in this facsimile message is privileged and confidential, intended for the use of the addressee listed above. If you are neither the intended recipient nor the agent responsible for delivering this information to the intended recipient, you are hereby notified that any disclosure, copying, distribution or taking of any action in reliance on the content of this telecopied information is strictly prohibited. (v1.7)