

Referring Provider: _____ Office Phone: _____

Practice Name: _____ Fax: _____

Practice Address _____ PCP Name: _____

Patient Name: _____ MRN# _____

DOB: _____ Male Female Cell Phone _____ Home Phone _____

Mailing Address: _____

Parent/Guardian (Last, First): _____ Phone _____

Will a supplied interpreter be needed for this appointment? No Yes Language: _____

Health Insurance: _____ Subscribers Name: _____

Policy #: _____ Group# _____ Subscribers DOB _____

Referral for Dartmouth Health Children's Specialties | Consultation and Appointment Request

Please select the service requested: Consultation, test and treat Known dx – assume subset and care Test only

Urgency of Appointment: Routine Urgent Explain: _____

Please select the specialty requested:

Lebanon: Phone: (866) 346-2362 Fax: (603) 676-4080 Medically Urgent Fax: (603) 640-1909

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Adolescent Medicine | <input type="checkbox"/> Dermatology | <input type="checkbox"/> Lipid & Weight Management* | <input type="checkbox"/> Otolaryngology |
| <input type="checkbox"/> Allergy & Clinical Immunology | <input type="checkbox"/> Endocrinology* | <input type="checkbox"/> Neonatology | <input type="checkbox"/> Plastic Surgery |
| <input type="checkbox"/> Cardiology (Pedi Cardiology, Adult
Congenital & Fetal Echocardiogram) | <input type="checkbox"/> Gastroenterology* | <input type="checkbox"/> Nephrology | <input type="checkbox"/> Pulmonology |
| <input type="checkbox"/> CAPP (Child Advocacy & Protection Program) | <input type="checkbox"/> General Surgery | <input type="checkbox"/> Neurology*** | <input type="checkbox"/> Rheumatology |
| <input type="checkbox"/> Child Development | <input type="checkbox"/> Genetics | <input type="checkbox"/> Neurosurgery | <input type="checkbox"/> Sports Medicine |
| <input type="checkbox"/> Child Psychiatry | <input type="checkbox"/> Hematology/Oncology | <input type="checkbox"/> Ophthalmology | <input type="checkbox"/> Thoracic Surgery |
| | <input type="checkbox"/> Infectious Disease | <input type="checkbox"/> Orthopaedics | <input type="checkbox"/> Urology |

Manchester-1st floor: Phone: (603) 695-2745 Fax: (603) 676-4080 Medically Urgent Fax: (603) 640-1909

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|---|--------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Cardiology (Pedi, Fetal, Adult Congenital) | <input type="checkbox"/> Neonatology | <input type="checkbox"/> Pulmonology | <input type="checkbox"/> Sports Medicine |
| <input type="checkbox"/> General Surgery | <input type="checkbox"/> Nephrology | <input type="checkbox"/> Urology | |
| <input type="checkbox"/> Medical Genetics: Phone: (603) 629-8355 | | | |

Manchester-2nd floor: Phone: (603) 695-2790 Fax: (603) 676-4080 Medically Urgent Fax: (603) 640-1909

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| <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Endocrinology* | <input type="checkbox"/> Infectious Disease | <input type="checkbox"/> Nutrition |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Gastroenterology* | <input type="checkbox"/> Lipid & Weight Management* | |

Bedford: Fax: (603) 676-4080 Medically Urgent Fax: (603) 640-1909

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| <input type="checkbox"/> Allergy: Phone: (603) 695-2560 | <input type="checkbox"/> Infectious Disease: Phone: (603) 650-6063 |
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Nashua: Fax: (603) 676-4080 Medically Urgent Fax: (603) 640-1909

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| <input type="checkbox"/> Cardiology: Phone: (603) 695-2740 | <input type="checkbox"/> Medical Genetics: Phone: (603) 629-8355 |
|--|--|

Concord and Keene: Fax: (603) 676-4080 Medically Urgent Fax: (603) 640-1909

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| <input type="checkbox"/> check for Concord | <input type="checkbox"/> check for Keene | <input type="checkbox"/> Cardiology: Phone: (603) 653-9888 |
|--|--|--|

*Growth chart needed with referral **Growth chart, all past labs and last pertinent notes are **required** with referral

***For Manchester Pediatric Neurology appointments, please use the Pediatric & Adult Neurology Manchester form

Please attach with this form insurance information, relevant office records and/or prior lab studies/images.