

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

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

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

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|---|--------------------------------------|--------------------------------------|--|
| ☐ Cardiology (Pedi, Fetal, Adult Congenital) | ☐ Neonatology | ☐ Pulmonology | ☐ Sports Medicine |
| ☐ General Surgery | ☐ Nephrology | ☐ Urology | |
| ☐ 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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| ☐ Cystic Fibrosis | ☐ Endocrinology* | ☐ Infectious Disease | ☐ Nutrition |
| ☐ Diabetes | ☐ Gastroenterology* | ☐ Lipid & Weight Management* | |

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

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| ☐ Allergy: Phone: (603) 695-2560 | ☐ 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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| ☐ Cardiology: Phone: (603) 695-2740 | ☐ Medical Genetics: Phone: (603) 629-8355 |
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Concord and Keene: Fax: (603) 676-4080 Medically Urgent Fax: (603) 640-1909

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| ☐ check for Concord | ☐ check for Keene | ☐ Cardiology: Phone: (603) 653-9888 |
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 *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.