

Thank you for your confidence to refer to the Airway Digestive Voice Center at Children's Hospital of Wisconsin. Please fax this completed form along with pertinent records (clinic notes, test, labs, or imaging results and consultations) and insurance referral authorizations to 414-266-6968. This information is required to start the intake process.

Patient Information	Referring Provider Information
Patient Name: _____	Provider Name: _____
Parent/Guardian Name _____	
Patient Address: _____ _____	Provider Address: _____ _____
Date of Birth: _____	Phone Number: _____
Home Phone Number: _____	Fax Number: _____
Work Phone Number: _____	
Insurance Carrier: _____	

What are the patient's main issues? _____

Pertinent past medical history _____

What is the key question you want answered? _____

Has the patient had any of these tests in the past?

<input type="checkbox"/> Bronchoscopy	<input type="checkbox"/> Laryngoscopy	<input type="checkbox"/> Pulmonary Function Study
<input type="checkbox"/> CT or MRI	<input type="checkbox"/> OPMS	<input type="checkbox"/> Sleep study
<input type="checkbox"/> Endoscopy	<input type="checkbox"/> Pertinent surgeries	<input type="checkbox"/> Speech eval
<input type="checkbox"/> FEES	<input type="checkbox"/> pH probe	<input type="checkbox"/> UGI

Comments: _____

Related Lab results: _____

Reports of previous tests should be faxed to 414-266-6989.

Once the referral form has been faxed, the Airway Digestive Voice Center will review it. If the child is appropriate for referral, a member of the team will contact the family. If the child is not appropriate for referral, you will be contacted as to the reason.

If you have questions please call 414-266-6487.

Referring Provider Signature: _____ **Date/time:** _____

OFFICE USE ONLY

Date Received: _____ Clinician/MD _____

Referral Accepted Date of Appointment: _____

Referral Denied Reason: _____

Referral Status Communicated to: _____ on: _____

Comments: _____

APPLY DT BARCODE STICKER
MD Referral Accepted DT 346
MD Referral Denied DT 9901