

University of Kentucky NICU Graduate Clinic Referral

Please email form to [nicugrad@uky.edu](mailto:nicugrad@uky.edu) or fax to 859-218-7585

Appointments scheduled only if a discharge summary is received with this form and this form is complete.

Patient Information

Patient's name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ UK MR#: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

Discharged home with: \_\_\_\_\_ Relationship: \_\_\_\_\_

Is this a Foster Care placement:  Yes  No (If yes, name of state SW: \_\_\_\_\_)

Will this family need the services of an interpreter?  Yes  No (Language: \_\_\_\_\_)

PCP Name: \_\_\_\_\_ PCP Phone: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Insurance Type:  HMO  PPO  POS  Indemnity

Reason for Referral

Reason for referral (Please check all that apply.):

- Premature birth (<32 weeks)
 Very Low Birth Weight (<1500 grams)
 Chronic Lung Disease/ BPD
 Status Post Nitric Oxide
 Severe IUGR
 Grade 3 or 4 IVH
 HIE/Severe Birth Depression (5 min APGAR <5)
 Neonatal Seizures
 Meningitis
 Hydrops Fetalis
 Multiple Surgeries
 Home on NG Feeds or with G-Tube
 Other feeding problem (< 1 year of age)
 Sepsis requiring pressors
 Congenital Heart Disease
 Intrauterine Viral Infection (TORCH, Zika, etc.)
 Failure to Thrive (post NICU discharge)
 Developmental delay (<1 year of age)

NAS or significant drug exposure (Check all drug categories to which patient was exposed)

Opiate  Benzo  Cocaine  THC  Other: \_\_\_\_\_ (ex: SSRI)  Unknown

Discharged home on medication for withdrawal?  No  Yes: medication(s) \_\_\_\_\_

Are you requesting NICU Graduate Clinic to manage these medications?  No  Yes

Oxygen and/or monitor follow-up.

Was patient discharged on home oxygen?  No  Yes: Oxygen flow: \_\_\_\_\_ (Liters per minute)

Apnea monitor?  No  Yes Pulse oximeter?  No  Yes DME company: \_\_\_\_\_

Requesting Practitioner / Group

Office Name: \_\_\_\_\_ Practitioner Name: \_\_\_\_\_

Office Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_ Are you the patient's primary care physician?  Yes  No

Please help us provide optimal care for your patient by faxing the inpatient discharge summary when available.