

## Developmental Pediatrics Clinic Referral Form

To submit a referral, please place an order for an "Ambulatory Referral to Pediatric Developmental" in EpicCare link or fax the referral form and all requested documentation to 859-218-7573.

### 1. Demographic information

Patient's name and date of birth: \_\_\_\_\_

Parent/Legal guardian's name and relationship to patient: \_\_\_\_\_

Parent/Legal guardian's address: \_\_\_\_\_

Parent/Legal guardian's phone number(s): \_\_\_\_\_

Name of referring physician, APRN or PA-C (note: at this time, we can only accept referrals from patients' primary care providers, as we provide a consultative model for the primary medical home): \_\_\_\_\_

Medical provider's address: \_\_\_\_\_

Medical provider's phone number: \_\_\_\_\_

Medical provider's fax number: \_\_\_\_\_

Copy of patient's insurance card and/or demographic information sheet (please attach to this referral):  
\_\_\_\_\_

### 2. Reason(s) for request of consultation evaluation (OK to select more than one option)

**Autism spectrum disorder:** A combination of social skills differences (in social communication, back-and-forth social interaction, nonverbal social skills, relationships with others) and behavioral differences (for example: repetitive body movements, difficulties with minor changes in routine, obsessive interests, and/or sensory sensitivities).

- Child (18 months to 12 years old) who you think has undiagnosed autism spectrum disorder. Please send documentation related to the patient's signs and/or symptoms of autism spectrum disorder.
- Child (3-12 years old) who has received an educational classification of "Autism" by their school district **but has not yet received** a medical diagnosis of autism spectrum disorder. Please send educational records (educational evaluations and Individual Education Program (IEP) reports).
- Child (4-12 years old) who has already been given a medical diagnosis of autism spectrum disorder by another medical provider and for whom you are seeking consultation for medication recommendations of developmental-behavioral concerns. Please send prior diagnosis records and documentation about the specific reason(s) you are requesting consultation for medication recommendations from our clinic.

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**Global developmental delay:** Very significant developmental delays in two or more developmental domains. Two-thirds of children who have global developmental delay prior to their sixth birthday will meet criteria for intellectual disability around age 6.

- Child (18 months to 5 years old) who you think has undiagnosed global developmental delay. Please send documentation about the patient's signs and/or symptoms of global developmental delay.
- Child (4-5 years old) who has already been given a medical diagnosis of global developmental delay by another medical provider and for whom you are seeking consultation for medication recommendations of developmental-behavioral concerns. Please send prior diagnosis records and documentation about the specific reason(s) you are requesting consultation for medication recommendations from our clinic.

**Intellectual disability:** A combination of significant cognitive differences and significant differences in abilities to do things independently.

- Child (6-12 years old) who you think has undiagnosed intellectual disability. Please send documentation about the patient's signs and/or symptoms of intellectual disability.
- Child (6-12 years old) who has received an educational classification of "Mild Mental Disability," "Functional Mental Disability," or "Intellectual Disability" by a school district **but has not yet received** a medical diagnosis of intellectual disability. Please send educational records (educational evaluations and Individual Education Program (IEP) reports).
- Child (6-12 years old) who has already been given a medical diagnosis of intellectual disability by another medical provider and for whom you are seeking consultation for medication recommendations of developmental-behavioral concerns. Please send prior diagnosis records and documentation about the specific reason(s) you are requesting consultation for medication recommendations from our clinic.

**Attention-deficit/hyperactivity disorder (ADHD):** Significant challenges focusing/paying attention and/or significant concerns related to hyperactivity/impulsivity.

- Child (4-12 years old) who you think has undiagnosed ADHD. Please send documentation about the patient's signs and/or symptoms of ADHD.
- Child (4-12 years old) who has already been given a medical diagnosis of ADHD by another medical provider and for whom you are seeking consultation for medication recommendations of developmental-behavioral concerns. Please send prior diagnosis records and documentation about the specific reason(s) you are requesting consultation for medication recommendations from our clinic.

### **Genetic, neurologic, and complex medical diagnoses:**

Many children who have genetic, neurologic, and complex medical diagnoses may have developmental-behavioral concerns. At this time, we provide consultation evaluations only for the specific referral questions listed above on this referral form. If your patient has a different type of developmental-behavioral concern, please visit our website for resources related to other types of developmental-behavioral clinical questions/concerns: <https://ukhealthcare.uky.edu/developmental-pediatrics-clinic>.

### **Other developmental-behavioral concerns not listed on this form:**

At this time, we provide consultation evaluations only for the specific referral questions listed above on this referral form. For resources related to other types of developmental-behavioral clinical questions/concerns, please refer to our website for more information: <https://ukhealthcare.uky.edu/developmental-pediatrics-clinic>.