



Pediatric Endocrinology

2018 W. Clinch Avenue

South Tower 2nd Floor

Knoxville, TN 37916

Phone: 865-971-7400 • Fax: 865-541-8611

Referral Request

Today's date: \_\_\_\_\_

\*\*\*\*\* TO EXPEDITE THE SCHEDULING PROCESS, RECORDS MUST BE SENT WITH THIS REQUEST \*\*\*\*\*

Patient's name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Age: \_\_\_\_\_

Gender:  M  F Social security #: \_\_\_\_\_ Insurance: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Patient resides with: \_\_\_\_\_ Home phone: \_\_\_\_\_

\*\*\*\*\* GUARDIANS MUST BRING PROOF OF GUARDIANSHIP TO THE APPOINTMENT \*\*\*\*\*

Mother's name: \_\_\_\_\_ Mother's cellphone: \_\_\_\_\_

Father's name: \_\_\_\_\_ Father's cell Phone: \_\_\_\_\_

Referring healthcare provider: \_\_\_\_\_ NPI: \_\_\_\_\_ Contact: \_\_\_\_\_

Office phone: (\_\_\_\_\_) \_\_\_\_\_ Office fax: (\_\_\_\_\_) \_\_\_\_\_

Primary Care provider (if other than referring): \_\_\_\_\_

\* TO BE COMPLETED BY REFERRING PROVIDER \*

Medical reason for consult: \_\_\_\_\_

Urgency of your referral: ROUTINE ( ) SEMI-URGENT ( ) URGENT ( ) REASON: \_\_\_\_\_

Is this the 1st referral to Pediatric Endocrinology at East Tennessee Children's Hospital?  Yes  No When: \_\_\_\_\_

Is an interpreter needed for hearing impairment or language?  Yes  No Language: \_\_\_\_\_

This form must be completely filled out and faxed to (865) 541-8611 with PATIENT GROWTH CHART, CURRENT RECORDS (limit to 20 pages), any labs/radiology studies pertinent to diagnosis, a demographic sheet, current copy of insurance cards.

Appointment date/time: \_\_\_\_\_

\_\_\_\_ Please contact family

\_\_\_\_ Fasting

\_\_\_\_ Bring bone age on disc to appointment

\_\_\_\_ Diabetes Clinic appointment

\_\_\_\_ Parent Aware

Dr. Tapiador

Dr. Rincon

Dr. Kerrigan

Dr. Wirthwein

Dr. Joshi Batajoo

Hannah Nicaud, CPNP

Katelyn Kirk, FNP-BC