

UNIVERSITY OF SOUTH ALABAMA

COLLEGE OF MEDICINE
DEPARTMENT OF PEDIATRICS & ADOLESCENT MEDICINE
DEVELOPMENTAL-BEHAVIORAL PEDIATRICS
Stephanie Anderson, MD
Hanes Swingle, MD
R. Franklin Trimm, MD
Monica Busbee, RN



1707 CENTER STREET, SUITE 201
MOBILE, AL 36604-3305
TELEPHONE: (251) 415-8577
FAX: (251) 415-8578

PHYSICIAN/AGENCY REFERRAL FORM

To refer a child to the Developmental-Behavioral Pediatrics Clinic, please fill out this form. Please print legibly. Return this form via fax, along with relevant patient records, to our office. Please do not include well-child visit records, but provide birth records, other relevant records and/or diagnostic test reports, and the patient's insurance information.

NOTE: If child is a Medicaid recipient please provide us with a Medicaid Referral form. If you have any questions, please call (251) 415-8577.

REFERRING PHYSICIAN/AGENCY INFORMATION

DATE OF REFERRAL: REFERRED BY:
COMPANY/AGENCY: PHONE: ()
FAX: () EMAIL:

PATIENT & PARENT/GUARDIAN INFORMATION

FULL NAME OF PATIENT: PATIENT'S DATE OF BIRTH:
PATIENT'S SSN: PATIENT'S INSURANCE:
(We can no longer accept MISSISSIPPI MEDICAID)
NAME ON POLICY: PARENT /GUARDIAN NAME:
ADDRESS CITY ST ZIP
HOME PHONE: () CELL PHONE: () OTHER: ()
RELEVANT PRIOR DIAGNOSES:

REFERRAL CONCERNS
(Please check ALL areas relevant to this referral.)

- Developmental: Autism/Asperger disorder, Cognitive, Fine motor, Gross motor, Intellectual disability (mental retardation), Language, Self-help, Social, Other:
Medical: Abnormal tone, CNS abnormality, Specify:, Fetal alcohol exposure, Genetic disorder, Specify:, Prematurity, Toxic exposure (pre-natal or post-natal), Specify:, Other:
Behavioral: Extreme behaviors, Specify:, Perseverative behavior, Self-injurious behavior, Stereotypic behavior, Other:
Psychosocial: Adoption: Domestic, International, Attachment issues, Other:

ADDITIONAL INFORMATION:

Please return this form and pertinent records via FAX: (251) 415-8578

FOR INTERNAL USE ONLY: Assigned to: N/A: