WVUMedicine

Child Development Referral

PHONE: 304-598-4300 FAX: 304-598-4677 201 Baker's Ridge Rd, Morgantown, WV 26506

Date of Referral: _____/_____/_____

Referring Physician: _____ Contact Person: _____

Phone #: _____ Fax #: _____

Address: _____

Reason for Referral: _____

PATIENT INFORMATION

Name: (Last) _____ (First) _____ (MI) _____

DOB: _____/_____/_____ Social Security #: _____

Address: _____

Home #: _____ Cell #: _____ Work #: _____

INSURANCE INFORMATION

Insurance Co. Name: _____

Policy ID #: _____ Subscriber's Name: _____

PATIENT DOCUMENTS

☐ WVHIN ☐ EPIC

If not, FAX or MAIL the following:

- ☐ Current medical condition
- ☐ Lab results
- ☐ EEG and EMG
- ☐ MRI and CT results (images on CD if possible)
- ☐ Prior testing records with date and location (cognitive/IQ, neuro, genetics, ophthalmology, speech, audio, counseling)
- ☐ Copy of insurance/Rx card
- ☐ Medications list
- ☐ Growth charts

Please indicate services receiving:

- ☐ Birth to Three
- ☐ Counseling
- ☐ Pre-school special needs
- ☐ Speech
- ☐ Behavioral Interventionw

Please read the following prior to sending the referral to ensure it is acceptable:

☐ PT ☐ OT ☐ Behavioral Therapy/ABA

YES	NO
Children ages 1 through 8 for question of Autism Spectrum	Children of any age withbehavior concerns, including anxiety, depression, bipolar disorder, and aggression
Children ages 5 through 11 with a concern of focus, attention, and learning	Motor problems, possible seizures - refer to Pediatric Neurology (304) 598-4835, option #3
	Isolated sleep issues - refer to Sleep Clinic