



Appointment Request and Clinical Triage Form

Texas Children's Adolescent & Young Women's Clinic

Phone: (832) 822-4887

Fax: (832) 825-8950

Date of Request: _____

Patient Gender: _____

Sports Medicine Appointments do NOT require a referral form.

Sports Medicine Appointments can be scheduled by calling (832) 227-7678

Texas Children's Hospital®

PATIENT INFORMATION (PLEASE PRINT)

Patient's Last Name	Patient's First Name & MI	Age	Date of Birth
Street Address	City, State	Zip	
New patient to Texas Children's? YES NO	TCH Medical Record Number	Interpreter needed? Language	
Primary Insurance Carrier	Primary Insurance Phone Number		

If the patient's insurance require a referral authorization? If yes, please fax the authorization to (832) 825-3072.

PARENT / GUARDIAN INFORMATION

Parent's Last Name	Parent's First Name	Interpreter needed? Language
Home Phone Number	Work Phone Number	Cell Phone Number

REFERRING PROVIDER CONTACT INFORMATION

Referring Provider's Name	Provider's Email Address		
Mailing Address (to send consult note)	City, State	Zip	
Office Phone	Office Fax	Provider's Cell Phone	
Office Contact Person	Best time to reach physician?		

CLINICAL INFORMATION: All referrals for eating disorders MUST include current vitals.

	Date of vitals	Weight (lbs/kg)	Height (in/cm)	Heart Rate	Temperature
	Blood Pressure /	Blood pressure taken while: (circle one)			
		standing	lying	sitting	

REASON FOR REFERRAL

Check all that apply - **Send all supporting clinical information including current growth charts, lab results, and x-ray.**

- | | | |
|---|---|--|
| <input type="checkbox"/> Abdominal Pain | <input type="checkbox"/> Dysmenorrhea | <input type="checkbox"/> Oligomenorrhea |
| <input type="checkbox"/> Abnormal Weight Loss | <input type="checkbox"/> Headaches | <input type="checkbox"/> Ovarian Cyst |
| <input type="checkbox"/> Acanthosis Nigricans | <input type="checkbox"/> Hypercholestercemia | <input type="checkbox"/> Pelvic Inflammatory Disease |
| <input type="checkbox"/> Amenorrhea | <input type="checkbox"/> Hypercholesterolemia | <input type="checkbox"/> Polycystic Ovarian Syndrome |
| <input type="checkbox"/> Anorexia Nervosa | <input type="checkbox"/> Hyperinsulinism | <input type="checkbox"/> Syncope |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Hyperlipidemia | <input type="checkbox"/> Vaginitis NOS |
| <input type="checkbox"/> Bulimia | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Sexually Transmitted Diseases |
| <input type="checkbox"/> Chronic Fatigue | <input type="checkbox"/> Hypertriglyceridemia | <input type="checkbox"/> Underweight |
| <input type="checkbox"/> Contraceptive Management | <input type="checkbox"/> Irregular Menses | <input type="checkbox"/> Vaginal Discharge |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Malnutrition | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Dietitian / Nutrition Consult | <input type="checkbox"/> Menorrhagia / Excessive Menses | <input type="checkbox"/> Well Woman Exam |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Menstrual Disorder NOS | <input type="checkbox"/> Well Adolescent Check |
| <input type="checkbox"/> Dysfunctional Uterine Bleeding | <input type="checkbox"/> Mood Swings | <input type="checkbox"/> Other |
| <input type="checkbox"/> Dyslipidemia | <input type="checkbox"/> Obesity / Weight Management | |

REQUIRED LABS AND DOCUMENTS

Obesity	Screening Lab Fasting:	Eating Disorders:	Screening Labs
<input type="checkbox"/> Growth Chart	<input type="checkbox"/> Fasting Insulin	<input type="checkbox"/> Growth Charts	<input type="checkbox"/> CBSSC
<input type="checkbox"/> BMI	<input type="checkbox"/> Glucose	<input type="checkbox"/> Notes	<input type="checkbox"/> ESR
<input type="checkbox"/> BP	<input type="checkbox"/> AST / ALT	<input type="checkbox"/> Temperature	<input type="checkbox"/> Chem 10
	<input type="checkbox"/> Lipid Profile	<input type="checkbox"/> Orthostatic	<input type="checkbox"/> TFTS
	<input type="checkbox"/> Notes	<input type="checkbox"/> Height	
		<input type="checkbox"/> Weight	
		<input type="checkbox"/> BP	

Please note: Patient must be 10 years old for Gynecology Services.

PLEASE COMPLETE AND FAX THIS FORM TO (832) 825-8950