

Texas Children's Hospital (TCH) General Pediatrics Consult Service

6701 Fannin, Suite 1730
Houston, TX 77030
Tel: 832-822-1713
Fax: 832-825-9005



Consult Request Form

PATIENT INFORMATION (Please Print)			
Patient Last Name:	Patient First Name:	Age:	DOB:
Home Address:			
City/State:		ZIP Code:	
New Patient to Texas Children's? YES NO		TCH Medical Record Number:	
Primary Medical Insurance Carrier:		Insurance Carrier Telephone Number:	
Does Insurance Carrier Require Physician Referral Authorization? YES NO		If YES, fax physician's authorization to 832-825-9005	

PARENT / GUARDIAN INFORMATION (Please Print)		
Parent Last Name:	Parent First Name	
Home Phone #:	Work Phone #:	Cell Phone #:
Will an interpreter be needed? YES NO	If answer is "yes", what language is needed?	

REFERRING PHYSICIAN CONTACT INFORMATION (Please Print)		
Physician Name:	Physician Email Address:	
Mailing address:		
City/State:	ZIP Code:	
Office Phone #:	Office Fax #:	Cell Phone #:
Name of office personnel contact:		

INFORMATION NEEDED FROM PHYSICIAN:
What is the reason for the referral of this patient: Succinct overview of this patient's:
Health problems:
:
Surgical Procedures:
Significant birth or family history:
Allergies:

Please fax your referral along with pertinent health information to:

Attention: Melanie Knapp, RN

Clinic: Texas Children's Hospital General Pediatric Consult Clinic

Fax: 832-825-9005

GENERAL PEDIATRICS CONSULTATION CLINIC POLICY

- When all required information has been received, the nurse coordinator will contact the referring physician and/or patient's family once a decision is made regarding acceptance of the patient for consultation
- Consultation consists of a single clinic visit
- Rarely are patients seen back for a follow-up visit with the exception of reviewing laboratory or imaging study results ordered by the consultant
- A summary letter of the visit will be sent to the referring physician by the physician consultant within a day or two of the visit