## Referral to Adolescent & Young Women's Clinic



\* = Required Field \*Patient DOB \*Patient Gender \*Patient First Name \*Patient Last Name Μ month/day/year - ex 01/02/2018 \*Parent/Guardian First Name \*Parent/Guardian Last Name \*Parent/Guardian Mobile Number \*Parent/Guardian Alternate Number Enter a 10-digit Phone Number Enter a 10-digit Phone Number \*Please provide information for the licensed referring provider. Medical students, list your authorizing physician as the referring provider. \*Referring Provider NPI# \*Referring Provider First Name \*Referring Provider Last Name \*Referring Provider Office Phone Number Enter a 10-digit Phone Number Zip Code \*Referring Provider Fax Number Referring Provider Office Address City State \*Reason For Consultation (Check all that apply to the patient): Medical / Mental Health Evaluation Anxiety Depression **Mood Swings** Adjustment Disorder / Struggles **Eating Disorder** Please note that this clinic does not treat: Conduct or Strong Oppositional Symptoms, ADHD, Substance Abuse or Autism Spectrum Symptoms Reproductive Health (Male & Female) Contraceptive management Vaginal Discharge **Abdominal Pain** PCOS (Pelvic Pain) Irregular Menses **Ovarian Cyst** \*Has STI treatment been initiated: Y N ASAP Abnormal Weight Loss/Eating Disorders \*Has the patient lost more than 20% initial body weight in the last 6 months? Y N Unknown \*Acute Food Refusal (no food in the last 72 hours)? Y N Unknown \*Heart Rate Under 50 bpm? Y N Unknown \*Blood Pressure Less Than 90/50? Y N Unknown Routine Abnormal Weight Loss/Eating Disorder Weight Management (Age 10-20) Obesity Abnormal Weight Gain TeenWOW (Age 12 - 18) BMI: Most Recent Blood Pressure: Other \*Visit needed ASAP (Clinically needs to be seen within 1 week): Yes ASAP - Please provide additional detail(s) regarding urgency

Fax insurance authorization to 832-825-3072. Fax all applicable records, labs, and/or imaging with this referral to 832-824-7333 so that we can better assess the patient's healthcare needs.

Sugar Land

West Campus

Preferred Location (if known):

Medical Center West