



Referral Form Pediatric Endocrinology

PLEASE NOTE: For **diabetes** referrals, please use the Pediatric Diabetes Center referral form.

Patient Information	
Does this patient live with someone other than the legal guardian? <input type="checkbox"/> No <input type="checkbox"/> Yes, relationship: _____	
Patient Name:	Date of Birth:
Parent/Guardian:	Parent/Guardian Cell Phone:
Insurance:	Home Phone:

1. Please select the type of referral: STAT Urgent Routine

If Stat or Urgent, please call our doctor-to-doctor line (909) 558-0099

2. Is this referral for a second opinion? No Yes

3. What is the key question you want us to answer? _____

Reason for referral:

<input checked="" type="checkbox"/> For Diabetes , please use Pediatric Diabetes Center Referral Form	Link: *add link to Peds Diabetes form here* Scheduling appointment number: 909-558-5138
<input type="checkbox"/> General Endocrinology	Includes but not limited to thyroid, puberty, adrenal, or calcium disorders
<input type="checkbox"/> Growth	If available, please provide heights of parents: Mom _____ inches. Dad _____ inches.
<input type="checkbox"/> Other	Please explain:

To optimize appointment scheduling, please provide the following by FAX to 909-651-4257

- This completed form
- Medical records related to the chief complaint
- Growth charts, if available
- A copy of the patient's insurance card
- If authorization is required, was authorization submitted? Yes No Not Applicable

Referring Provider Information

Provider Name: Address: City, State, Zip: Phone: Fax:	OR Provider Stamp
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***Please notify the patient to call our Scheduling Line to make an appointment: 909-651-1902.**