



Pediatric New Patient Appointment Request/Triage Sheet

Consultation Requested With: _____ Pediatric Neurologist _____ Developmental Pediatrician

If a referral for Pediatric Neurology is urgent in nature, please have your Provider call our Triage Doctor directly at 919-420-1661 to discuss same or next day scheduling options. We ask that this line be used only for providers to discuss urgent scheduling.

Patient's Full Name: _____

Date of Birth: _____ Age: _____ Sex: M or F (circle one)

Parent(s) names: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Numbers: (H): _____ (C): _____ (W): _____

Parent's Email Address: _____

Is an Interpreter needed for the family? YES or NO Required Language: _____

Parent/Guarantor Name: _____

Insurance Company: _____

Insured's Name: _____ Insured's DOB: _____

Insurance ID#: _____ Group #: _____

Secondary Insurance Carrier: _____ ID: _____ Group: _____

If Medicaid, is it CAROLINA ACCESS? YES or NO Can authorization be used for testing also? YES or NO

Ins. Authorization/NPI#: _____ How Many Authorized Visits/Months? _____

In order to ensure the timeliest scheduling, if a patient has an HMO, Tricare, or United Healthcare Compass, or other insurance requiring a prior authorization, please complete & send any necessary documentation with the referral.

Referring Provider's Name: _____

Practice Name & Address: _____

Practice Phone: _____ Fax: _____

Name of Referral Coordinator requesting appointment: _____

What is the best contact number if we have a question about this referral? _____

Reason for Referral: _____

Please fax this completed form along with demographics, copy of insurance cards, and all pertinent medical records, including lab work and prior testing, to 919-788-8986 Attn: Pediatric New Patient Appointments.