



**Pediatric New Patient Appointment Request/Triage Sheet**

Consultation Requested For: \_\_\_\_\_ Raleigh Office \_\_\_\_\_ Durham Office

**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.*