



1201 Burleyson Road, Dalton GA 30720
Phone: 706.226.8900
Fax: 706.226.8905

Date of Request: ____/____/____

Patient Name: _____ Birth Date: ____/____/____

Parent/Guardian Name: _____ Contact Number _____
 for Parent/Guardian (____) _____

Address: _____

City: _____ State: _____ Zip: _____

Insurance/Billing Information: **(Please provide a copy of the front and back of patients insurance card)**

Referral Request Form
Fax/Scan the following to 706.226.8905

1. This completed referral form
2. Copy of electronic medical record demographic page
3. Copy of **front and back of insurance card** and
4. Most recent H&P

****All Care Services Require a *Diagnosis, PCP Referral (as below) and Physician's Signature (as below)**

*Diagnosis:	*Diagnosis:
<p style="text-align: center;">Developmental/Behavioral Pediatrics</p> <input type="checkbox"/> Developmental Evaluation <input type="checkbox"/> Global delays <input type="checkbox"/> Related to genetic syndrome _____ weeks gestation <input type="checkbox"/> Prematurity (Birth @ _____ weeks gestation) <input type="checkbox"/> ADD Evaluation <input type="checkbox"/> Autism Evaluation <input type="checkbox"/> New Evaluation <input type="checkbox"/> Previously Diagnosed <input type="checkbox"/> Other _____	<p style="text-align: center;">Therapy Services</p> <input type="checkbox"/> Speech Therapy Evaluation <input type="checkbox"/> Delays <input type="checkbox"/> Articulation <input type="checkbox"/> Feeding Therapy <input type="checkbox"/> Physical Therapy Evaluation <input type="checkbox"/> Occupational Therapy Evaluation <input type="checkbox"/> Other _____
Additional Information (Syndromes, Diagnostic Results of Previous Genetic Testing, etc):	

**I, the Referring Physician (Please Print) _____ am referring this child to the Anna Shaw Children's Institute for the evaluation(s) and treatment(s) as selected above.

Contact Number (____) _____ - _____

**Physician's Signature _____ Fax Number (____) _____ - _____

Additional Contact at Referring Office _____ Phone (____) _____ - _____

Thank you! Your attention to detail permits our attention to be on the children and families.

Following completion of the initial appointment with the provider at the Anna Shaw Children's Institute, you will receive a summary letter from our office with the impression and plan for evaluations to assess this child.

Following completion of the evaluations/assessments, a detailed report will be sent to the referring provider. It may take several months to receive this detail report. The report will be sent to you as soon as it is ready.