Mary Bridge Referral Fax
FAX REFERRAL TO 253-864-3939

Mary Bridge Children's MultiCare

Date of request: _____

❑ URGENT Request

PATIENT INFORMATION

Patient Name: _____ **D.O.B:** _____ / _____ /_____

Parent/Legal Guardian: _____ **Phone:** (_____) _____ -_____

Address: _____ **Insurance Payor and Plan:** _____

Subscriber Name and ID Number: _____ **Guarantor:** _____

(please indicate if the child is in **Foster Care** – if so, **include caregiver authorization form**)

❑ *attach a copy of insurance card* ❑ *confirmed patient demographics are current*

TO REACH AN ON-CALL SPECIALTY PROVIDER – CALL 1-855-647-1010

REFERRAL REQUEST INFORMATION

Referring Provider: _____

Contact Person and **Phone Number** for Referring Office: _____ (_____) _____ - _____

Primary Care Provider: _____

Specialty or **Therapy Department for Referral at Mary Bridge:** _____

Reason for Referral: _____

Diagnosis Code: _____

Provide current chart notes and current lab results related to the Dx

For the following **Specialties, please also include the below with the referral:**

Neurology
- ❑ All imaging related to referral
- ❑ Growth chart & head circumference, if available
- ❑ Any available outside specialist notes related to Neuro concerns
- ❑ Any available genetic test results
- ❑ Any available behavior assessments

Audiology
- ❑ Hearing evaluation notes if one has been done
- ❑ For already established hearing aids; previous audiologic reports/hearing aid information, if available

Physical Medicine & Rehab
- ❑ Chart Notes
- ❑ Birth history
- ❑ Imaging (MRI's), if completed
- ❑ PT/OT/Speech notes
- ❑ IEPs from school
- ❑ Genetic notes
- ❑ Neuro Develop Testing

Gastroenterology
- ❑ All imaging related to referral
- ❑ Labs related to referral
- ❑ Growth chart

Urology
- ❑ All imaging related to referral

Genetics (referral required)
- ❑ Growth Charts & Head Circ.
- ❑ Imaging studies
- ❑ Previous Genetic Testing
- ❑ Signs & Symptoms for Referral
- ❑ Family history of XXX, genetic test reports or clinical records from affected family member

No Additional Info Required for these Specialties:
- ❑ Cardiac Surgery
- ❑ General Surgery
- ❑ Neonatal Follow Up
- ❑ Ophthalmology
- ❑ Orthotics
- ❑ Speech Therapy
- ❑ Plastic & Reconstructive Surgery
- ❑ Physical Therapy
- ❑ Pulmonology
- ❑ Wound Ostomy
- ❑ Child Life Services

Neurobehavioral Medicine
- ❑ Developmental Behavioral
- ❑ Neuropsychology
- ❑ Psychiatry
- ❑ Psychology

Endocrinology
- ❑ All imaging related to referral
- ❑ Labs related to referral
- ❑ Growth chart

Nutrition
- ❑ Head circumference
- ❑ Growth chart

Hematology & Oncology
- ❑ All imaging and chart notes related to referral *(newborn screen if applies)*

For Urgent Hem/Onc Referrals call: 253-403-3481

Occupational Therapy
- ❑ Assistive Technology

ENT
- ❑ Current audiology report or hearing exam results

Orthopedics
- ❑ Date of Injury___/___/_____
- ❑ Is it an MVA?
- ❑ Current images/or where images were taken?
- ❑ PT or other notes

Rheumatology
- ❑ Chart notes related to referral
- ❑ Imaging related to referral
- ❑ Labs related to referral

Infectious Diseases
- ❑ Chart notes
- ❑ Imaging
- ❑ Labs

Nephrology
- ❑ Urine & Labs
- ❑ All imaging related
- ❑ Growth chart
- ❑ Blood pressure records

For Referral Support call: 253-792-6630

Once we receive your referral, we will attempt to make contact with your patient to schedule the appointment. **Thank you for your referral!**