

EAST TN CHILDREN'S HOSPITAL GENETICS CENTER
SPECIALIST REFERRAL REQUEST
PHONE 865.525.1425 FAX 877.935.4221

Patients Name: _____ DOB: _____ Age: _____
(First) (Middle) (Last)

Gender: M F Social Security Number: _____ Insurance: _____

Mailing Address: _____
(Street & PO Box) (City) (State) (Zip)

Patient resides with: _____ Home Phone: (____) _____

*******GUARDIANS MUST BRING PROOF OF GUARDIANSHIP TO THE APPOINTMENT*******

Mother's Name: _____ Mother's SSN: _____ DOB: _____

Mother's Cell Phone: (____) _____ Work Number: _____ Email: _____

Father's Name: _____ Father's SSN: _____ DOB: _____

Father's Cell Phone: (____) _____ Work Number: _____ Email: _____

Referring Healthcare Provider: _____ NPI: _____ Office Contact: _____

Office Phone: (____) _____ Office Fax: (____) _____

Date of request: _____ Primary Care Provider (if other than Referring): _____

***TO BE COMPLETED BY REFERRING PROVIDER.**

PLEASE FAX THE FOLLOWING WITH THIS COMPLETED FORM: INFORMATION PERTINENT TO CONCERNS, RELEVANT H&P, MOST RECENT OFFICE NOTES, LABORATORY, AND INSURANCE CARD (FRONT AND BACK WITH CARRIER'S DOB AND SSN).

REFERRAL FOR "FAM HX" WILL REQUIRE THE FAMILY MEMBER'S GENETIC TESTS RESULTS PRIOR TO SCHEDULING.

NUMBER OF PAGES BEING FAXED: _____ (no more than 20 pages of records please)

Please rate urgency of your referral: Routine Semi-Urgent Urgent list reason _____

Is this the first referral to Genetics at ETCH? YES NO _____

Has this patient ben seen for a genetic workup elsewhere in the past? No Yes If Yes, We will need previous testing results

Is an Interpreter needed for Hearing Impairment or Language? NO YES, Language: _____

Medical Reason for Consult: _____

Is the parent/guardian aware the patient needs a consultation with this provider and do they understand the reason for this consult: YES NO if no, list the reason _____

YOUR PATIENT HAS BEEN SCHEDULED FOR THE FOLLOWING:

DATE _____ TIME _____

PROVIDER: J. AUSTIN HAMM, MD SARA NORTON, PNP PC

ABBEY JAMISON, GC MEGAN KEENEY, GC

LOCATION Scripps Tower, 2nd Floor for GPS: 700 21st Knoxville, TN 37916 Parking Garage B

SPECIAL INSTRUCTIONS: Please notify family of above appointment. Thanks.

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