



CEDAR PARK OFFICE

Pediatric Specialty Center
1301 Medical Parkway, Ste 300
Cedar Park, TX 78613
Office: (512) 494-4000 | Fax: (512) 494-4045

AUSTIN (FAR WEST) OFFICE

Far West Medical Tower
6811 Austin Center Blvd., Ste 400
Austin, TX 78731
Office: (512) 494-4000 | Fax: (512) 494-4024

SOUTH AUSTIN OFFICE

5301 Davis Lane, Ste. 200A
Austin, TX 78749
Office: (512) 494-4000 | Fax: (512) 494-4090

PATIENT REFERRAL REQUEST

Referral Date: _____ Referring Provider: _____

PATIENT INFORMATION:

Last Name: _____ First Name: _____ MI _____

Date of Birth: _____ Gender: Male Female

Address: _____ City, ST: _____ Zip: _____

GUARDIAN INFORMATION:

Last Name: _____ First Name: _____

Home #: _____ Work #: _____ Cell #: _____

Type of Insurance: _____

TYPE OF REFERRAL:

Office Visit: Routine (1-2 weeks) Urgent (48hrs) Emergent (24 hrs)

Procedure: Routine EEG Home EEG EMG Infusions

REASON FOR REFERRAL:

- | | | |
|---|--|---|
| <input type="checkbox"/> ADHD | <input type="checkbox"/> New Onset Seizure (seen w/i 1 week) | <input type="checkbox"/> Neuro Immunology |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Neuro Muscular |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Concussion (seen w/i 1 week) | <input type="checkbox"/> Other |
| <input type="checkbox"/> Developmental | <input type="checkbox"/> Headache | |

PREFERENCE:

CNCA Provider Name: _____ CNCA Clinic Location: _____

INFORMATION TO ACCOMPANY REFERRAL REQUEST:

- Pertinent Office Visit notes
- Recent Lab results
- Recent Imaging results
- Recent Medication List
- Face Sheet for patient demographics
- Insurance Referral Authorization # (required for all HMO and Medicaid)