



Child Neurology & Consultants of Austin

Neurology ~ Rheumatology ~ Sleep

CENTRAL AUSTIN CLINIC & PEDIATRIC INFUSION CENTER

7940 Shoal Creek Blvd, Suite 100
Austin, TX 78757
Phone: (512) 494-4000
Fax: (512) 494-4024

CEDAR PARK CLINIC

1301 Medical Parkway, Suite 300
Cedar Park, TX 78613
Phone: (512) 494-4000
Fax: (512) 494-4045

SOUTH AUSTIN CLINIC & PEDIATRIC INFUSION CENTER

5301 Davis Lane, Suite 200A, Building A
Austin, TX 78749
Phone: (512) 494-4000
Fax: (512) 494-4090

PATIENT REFERRAL REQUEST

Referral Date: _____ Referring Provider: _____

Patient's Name: Last _____ First _____ MI _____

Date of Birth: _____ Sex: ☐ Male ☐ Female

Address: _____ City, ST: _____ Zip: _____

Parent/Guardian Name: Last _____ First _____

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

TYPE OF REFERRAL:

- ☐ Neurology
- ☐ Rheumatology
- ☐ EEG only
- ☐ Sleep Study Only

OFFICE VISIT

- ☐ Routine
- ☐ Urgent

**For same day/next day appointments, please call our triage nurse 512-494-4063*

Reason/Diagnosis:

Please include the following information in order for us to process your referral request

- Pertinent Office Notes
- Recent Test Results
- Recent Medication List
- Patient Demographics/Face sheet (including insurance)
- Insurance Referral/Authorization Number (if required)