siskin children's institute CENTER FOR DEVELOPMENTAL PEDIATRICS

A pediatric practice affiliated with The University of Tennessee College of Medicine Chattanooga, Department of Pediatrics and with Children's Hospital at Erlanger.

- CHATTANOOGA -

PROVIDER REFERRAL FORM

Please Complete Entire Form

FAX to 1.888.599.0828 (Referrals Only)

PLEASE NOTE: We *DO NOT* accept referrals for the following ... Psychiatric Disorders, Issues Related to Custody Cases, or Parental Discord.

Date of Request:____/____/____

Patient Name _____

Last First Middle

Interpreter services needed: Yes ☐ No ☐ if yes, which language:

Patient Date of Birth:		Age:	Sex:
Patient Street Address:			
Patient City:	State:	Zip:	County:
Parents or Legal Guardian of Patient:			
Custody (please attach documentation if not in parental custody):			
Home Phone (Include Area Code):		Cell Phone:	
Work Phone:		E-mail:	
Primary Care Provider (PCP):			
PCP Phone:		PCP Fax:	
Referring Provider (if different from PCP):			
Referring Provider Phone:		Referring Provider Fax:	

PRIMARY INSURANCE:	***SECONDARY INSURANCE:***
Policy Holder and Date of Birth:	Policy Holder and Date of Birth:
Policy/Group #:	Policy/Group #:
ID #:	ID #:
Insurance Co. Phone #:	**Insurance Co. Phone #:**
Employer:	Employer:

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NEW - In order to better serve your patients please complete all fields below- we will return the referral if left blank. Thank you

Social Skills Group Referral From *(6 – 12 Years)*

☐ **Referral for Social Skills Group (to include individual Speech Therapy)**

☐ **Referral for Social Skill Group Only**

Is this child currently receiving speech therapy? ☐ **Yes** ☐ **No**

(if child is currently in therapy please attach recent evaluation)

Medical diagnoses: _____

Medications: _____

Some of the Social Skills Group Topics:

- Social perspective taking/thinking about others
- Using flexible thinking
- Determining expected and unexpected social behaviors in various social situations
- Identifying and responding appropriately to social problems
- Emotional coping strategies

Appropriate Referrals:

- Children with social difficulties who:
  1. Demonstrate generally age-appropriate overall language skills
  2. Are able to attend to small group activities without 1:1 adult assistance

Please Attach Current Progress Notes and/or Recent Therapy Evaluations associated with this referral.

Referring Provider Signature: _____ **Office Phone:** _____

Print Name: _____ **Office Fax:** _____

Name of Individual Completing this form if other than Provider: _____

1101 Carter Street, Chattanooga TN 37402 | MAIN: 423.490.7710 | MAIN FAX: 423.490.7750