

Contact Center

 Phone: (816) 234-3700
 Toll Free Phone: (800) 800-7300
 Fax: (816) 855-1776

Date _____

PRACTICE INFORMATION

REFERRING PROVIDER: First: _____ Last: _____ Degree: _____

Office Phone: _____ Office Fax: _____ Office Contact: _____

 Primary Care Provider same as Referring Provider
PRIMARY CARE PROVIDER: First: _____ Last: _____ Degree: _____

PATIENT INFORMATION

First: _____ Last: _____ Gender: _____

DOB: ____/____/____ Weight Management Consultations ONLY: Height: _____ Weight: _____

PARENT/GUARDIAN INFORMATION

 First Name: _____ Last Name: _____ Relationship: Parent Guardian

Preferred Phone: _____ Preferred Language: _____

Primary Address: _____

City: _____ State: _____ Zip: _____

Please complete the following or send in a copy of insurance card.

Primary Insurance: _____ Phone: _____

Policy #: _____ Group #: _____ Policy Holder: _____

 Reason for Consultation: _____ Labs/Images Completed? Yes No

Expectations of consultative Children's Mercy (CM) provider (please choose one):

- Provide the necessary care to evaluate and treat the specified condition and return to the PCP/medical home for continuing care.
- Provide long-term management of the specified condition with continued communication of the ongoing plan of care with the PCP/medical home.

Preferred Appointment Timeframe:

-
- First Available
-
- Seven Days
-
- Two Weeks
-
- One Month

Preferred Appointment Location (if available):

-
- Kansas City
-
- Wichita
-
- Joplin
-
- St. Joseph
-
- Other _____

<3 Days: Call 1 (800) GO-MERCY and request an urgent appointment

Developmental/Behavioral Clinic must be a parent or guardian request by calling (816) 234-3674.
Hematology/Oncology/BMT must be a provider-to-provider request by calling (816) 302-6808.
SCAN (Child Abuse) Clinic must be a provider-to-provider request by calling (816) 234-1633.

- | | | | |
|--|--|---------------------------------------|---|
| <input type="radio"/> Adolescent Medicine | <input type="radio"/> Healthy Lifestyles | <input type="radio"/> Neurology** | <input type="radio"/> Pulmonology |
| <input type="radio"/> Asthma, Allergy & Immunology | <input type="radio"/> Weight Management | <input type="radio"/> Consult | <input type="radio"/> PFT |
| <input type="radio"/> Dermatology | <input type="radio"/> Hearing & Speech | <input type="radio"/> EEG* | <input type="radio"/> Ready Set Grow |
| <input type="radio"/> Ear, Nose, and Throat | <input type="radio"/> Heart Center | <input type="radio"/> Epilepsy | <input type="radio"/> Rehabilitative Medicine |
| <input type="radio"/> Eating Disorders | <input type="radio"/> Consult | <input type="radio"/> Neurosurgery | <input type="radio"/> Rheumatology |
| <input type="radio"/> Endocrinology | <input type="radio"/> EKG* | <input type="radio"/> Nutrition | <input type="radio"/> Sleep** |
| <input type="radio"/> Feeding Services | <input type="radio"/> ECHO* | <input type="radio"/> Ophthalmology** | <input type="radio"/> Special Care (Neonatal) |
| <input type="radio"/> Fetal Health Center | <input type="radio"/> Infectious Diseases | <input type="radio"/> Orthopaedics | <input type="radio"/> Sports Medicine |
| <input type="radio"/> Gastroenterology | <input type="radio"/> Multidiscipline/Multispecialty** | <input type="radio"/> Pain Management | <input type="radio"/> Surgery |
| <input type="radio"/> Genetics | <input type="radio"/> Nephrology | <input type="radio"/> Plastic Surgery | <input type="radio"/> Urology <input type="radio"/> General |
| | | <input type="radio"/> PT & OT* | <input type="radio"/> Gynecology <input type="radio"/> Single Visit |

* Signature required

** Other/Additional forms required

Note: Fax patient records, including supporting documents (relevant clinic notes, lab results and other), to the Contact Center at (816) 855-1776.

Signature _____