Shriners Hospitals for Children®

**Los Angeles**

Pediatric Specialty Care

Orthopaedics
Burn Reconstruction/Plastics
Cleft Lip & Palate
Prosthetics & Orthotics

# New Patient Referral Form

**Referral Line: 1-888-486-KIDS or 213-368-3366** **CODE:** ________

**Fax: 213-639-3462 or 213-639-3426**

Today's Date: _____ /_____ /_____

*Required Information

## PATIENT & FAMILY INFORMATION

*Patient First Name: ______________________ *Last Name: ______________________

*Date of Birth: ______________ (mm/dd/yyyy) Gender: ☐Male ☐Female Primary Language: ______________

*Parent/Guardian Name: ______________ (First) ______________ (Last) *Relationship: ______________

*Home Address: ______________________ *City: ______________

*State: ______________ *Zip Code: ______________ *Country: ______________

*Home/Primary Phone: ______________________ Cell/Alternate: ______________________

## REFERRING PHYSICIAN INFORMATION

*Referring Physician First Name: ______________________ *Last Name: ______________________

*Office Phone: ______________________ *Office Fax: ______________________

*Address: ______________________ Email: ______________________

*Primary Care Physician Name: ______________________ ☐Check if same as Referring Physician

*Office Phone: ______________________ *Office Fax: ______________________

*Address: ______________________ Email: ______________________

## CLINICAL INFORMATION (Please attach relevant clinical/diagnostic information.)

*Reason for Referral/Diagnosis: ______________________________________________

______________________________________________

______________________________________________

______________________________________________

**Appointment calls will be made directly to the family, unless otherwise requested.**

**Shriners Hospitals for Children®-Los Angeles**
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Main: 213.388.3151
www.shrinershospitals.org

Children up to age 18 are eligible for care and receive all services in a family-centered environment regardless of patient's ability to pay.

9-20-2013