

In order to process this referral we must have:

1. Hospital Discharge Summary (from Infant's Birth) & Recent Outpatient Notes
AND
2. This referral form completed entirely (may include patient's face sheet)

Child's name		DOB	Today's Date
Address		Telephone Number	
Father's Name		Alternative number	
Mother's Name		Mother's work number	
Primary Care Provider/phone number		<u>Referral Source/phone #</u> (if different than PCP)	
Primary Insurance Company	Insurance Co Phone #	IPA or Medical Group (if HMO insurance)	
Policy #	Group #	Insured Name	

Birth wt.: _____ Last wt/date: _____ # Weeks gestation _____ Current age: _____
 Last Synagis Dose given: _____ Date _____ CPT Codes= 99245 (consult) 90378 (Synagis) 96373 (injection)

MEDICAL CRITERIA FOR REFERRAL TO THE RSV CLINIC (MUST MEET ONE)

- Preterm:** Infants born \leq 28 weeks 6 days gestation and less than 12 months of age as of 1 Nov 2020.
- Chronic Lung Disease:** Preterm infants with CLD of prematurity born at less than 32 weeks gestation and less than 12 months of age as of 1 Nov 2020.
- Infants with CLD of prematurity and continue to require medical support (e.g., chronic corticosteroid therapy, diuretic therapy, or supplemental oxygen) during the past 6 months and **younger than 24 months of age** as of 1 Nov 2020.
- Congenital Heart Disease:** Infants, **12 months of age or younger** as of 1 Nov 2020, with hemodynamically significant CHD (includes those infants with acyanotic heart disease who are receiving medication to control congestive heart failure and will require cardiac surgical procedures and infants with moderate to severe pulmonary hypertension).
- Cardiac Transplantation:** Children, **younger than 24 months of age** as of 1 Nov 2020, who undergo cardiac transplantation during the RSV season.
- Pulmonary Abnormality or Neuromuscular Disorder:** Infants, **12 months of age or younger** as of 1 Nov 2020, with neuromuscular disease or congenital anomaly that impairs the ability to clear secretions from the upper airway because of ineffective cough.
- Immunocompromised:** Children, **younger than 24 months of age** as of 1 Nov 2020, who are profoundly immunocompromised during the RSV season.

Comments:

Print Referring Physician's Name_____
Physician's Signature indicating authorization for referral

Fax Referral to CHOC in Orange at 1-855-CHOCFAX (1-855-246-2329)

For scheduling and authorizations call: (714) 509-7476 * To reach the clinical team call (714) 509-4107

99178 (Rev.09/20)