



**Division of Adolescent Medicine
Adolescent to Adult Bridge (A2B) Clinic Referral Request**

Division Phone: 714-509-9504 A2B Scheduling Line: 714-509-7668 Fax: 714-509-3770

Thank you for referring your patient to the Adolescent to Adult Bridge Clinic at CHOC. The A2B Clinic assists patients and families who are at highest risk for poor health outcomes as the transition from pediatric to adult care providers. The A2B Clinic is **consultative** and dedicated to medically complex patients whose transition needs exceed what can be covered in a routine well-child and/or subspecialty clinic visit.

Eligibility Criteria:

1. Established CHOC patient ages 16 years old and older
2. Must be followed by 2 or more subspecialists and seen within the last 12 months OR 1 subspecialist plus co-occurring mental, behavioral, or developmental disorder impacting transition readiness
3. Referral must be discussed and agreed upon by the patient and family

Patient Information

Patient Name: _____ Patient Date of Birth: ____ / ____ / ____
 Parent/Guardian: _____ Parent Phone: _____
 Insurance: _____ Parent Cell: _____

1. Was the referral discussed with the patient and/or family? No Yes
2. Please describe the patient's brief history of present/chronic illness.

3. What are the identified transition barriers and/or risks? Select all that apply.
 - Health status unstable, frequent office visits, regular ED visits or hospitalizations, frequent consults with 2+ subspecialists.
 - Multiple stressors, family resources are overwhelmed, extensive community support from multiple agencies, or major concerns about caregiving environment.
 - Behavioral health status is impacting transition readiness and chronic disease management, with no plans for adult behavioral health care identified.
 - Extensive education support required (ex. 1:1 aide), no real-life goals, not in school or working, Regional Center client.
 - Extensive need for decision-making supports and care reminders, cultural issues are a barrier to care, limited capacity for self-management or major disagreements with care plan, poor adherence to care plan.

To expedite appointment scheduling, please provide the following by FAX 714-509-3770

- This completed form
- Most recent progress note related to the chronic illness
- Patient demographics
- Authorizations for 99205 New Patient, 96160 or 96161 Patient/Caregiver Health Risk Assessment, or if not applicable a copy of the insurance card

Referring Provider Name: _____ Phone: _____ Fax: _____

Provider Address: _____ City: _____ Zip: _____

Provider Signature: _____ Date: _____ Time: _____