University of Iowa Stead Family Children's Hospital

University of Iowa Stead Family Children's Hospital
Department of Urology - Division of Pediatric Urology
200 Hawkins Drive
Iowa City, IA 52242

Pediatric Urology – New Patient Referral Form Date of Request: _____

Please ensure parents sign a Release of Information form, complete this form and fax this along with the requested patient medical records noted below to our Pediatric Urology Office as soon as possible:

FAX: 319-356-3900 Phone: 319-353-8948

If your patient needs to be seen **emergently (within 1-3 days)**, please call 319-356-1616 and ask to speak to the Pediatric Urologist On-Call to discuss your concerns and facilitate an urgent visit. If you feel your patient needs to be seen **urgently (within 1-2 weeks)** please call 319-353-8289 to facilitate an urgent visit.

If requesting an outreach location, bear in mind first available appointments may be 1 month or more, so the initial visit may be in Iowa City with follow-up in outreach clinic.

Requested Location (Circle one)**:** Not specified; Iowa City Area Clinics$^{(IC)}$; Johnston/Des Moines$^{(J)}$; Bettendorf$^{(B)}$; Cedar Falls$^{(CF)}$; Dubuque$^{(D)}$

Referring to (Circle one)**:** Any UIHC Pediatric Urology Provider; Christopher Cooper, MD$^{(IC)}$; Angelena Edwards, MD$^{(IC,J,D)}$; Gina Lockwood, MD$^{(IC,J,B)}$; Douglas Storm, MD$^{(IC,J,B,CF)}$; Kristine Bonnett, ARNP$^{(IC,B,CF,D)}$; Sarah Fees, ARNP$^{(J)}$; Abigale Simmons, PA-C$^{(IC)}$

Reason for Referral: _____

_____

*** Without the following information, delays in scheduling or rescheduling may occur:***

_____ Recent **clinic/operative note(s)** and **current medication list** from first time seen for urological issues and most recent clinic note

_____ Any related **images/reports** related to kidney/bladder/scrotal issues (ultrasound, VCUG, CT scan, nuclear medicine scan, MRI)
Location and phone # of Images/Reports: _____

_____ **Vital signs** from 3 most recent visits/encounters (BP, heart rate, weight, height, and growth chart)

_____ Most recent **H&P/discharge summary** if hospitalized and any ED visit notes

_____ Any **lab results** from: 1) onset of issue 2) last 6 months including all blood tests and urine lab tests obtained

_____ Signed **Release of Information** form (also will need **prior out of state records**, operative notes, labs, and images)

_____ Please notify us of the details of any recent communication with our UIHC Pediatric Urology Team (who, when and what mode of contact)

Patient Name: _____ **DOB:** _____ **SEX:** M F Other

Patient Preferred Name: _____ **Gender Identify:** M F Other

Guardian Name: _____ **Relationship:** _____

Address (INCLUDING City and State): _____

Home Phone: _____ **Work or Cell phone:** _____

Referring Provider: _____ **NPI #:** _____

Phone: _____ **Fax:** _____

Address: _____

Please circle your Request: **Consult or Consult/Treat**