

New Patient Referral/Consultation Information

Visit Date: _____ Name: _____
Specialist: _____ Address: _____
Specialty: _____ Birthdate/Age: _____ Sex: _____
Referring Physician: _____ Unit Number: _____
Print clearly in ink or stamp with patient card.

Primary Care Provider

Please complete top part and FAX to INSERT: Physician's Name at Fax number TODAY. Thank you!
Please ignore if you have already completed.

Reason for Referral:

Brief History *Including any work-up that has been done thus far*

Special Concerns, if Any: _____ Please Contact Me to Discuss

Current Meds: _____

Other Pertinent Information *Specialists seen, growth charts, lab results, etc. Please include pertinent copies with this FAX, if possible.:*

Specialist

Please complete and FAX to INSERT: Physician's Name at Fax number TODAY. Thank you!

Initial Diagnosis/Thoughts Behind It: *If applicable*

Pertinent PE and Lab Findings So Far:

Initial Plan:

- I will: Obtain Labs/Other Procedures
 Prescribe Medications
 Perform Follow-up

Requests for PCP to:

Obtain Studies: *Specify*

See Patient for Follow-up Regarding:

Please Contact Me to Discuss:

Other:

Full report to follow.

Co-Management

- Specialty Care Referral Communication
- Primary & Specialty Care Co-Management Agreement

Care Co-Management Among Patient/Family, Pediatric Medical Home and Specialists

Enhanced communication and sharing of care and knowledge among families and professionals necessitates explicit planning. Chronic condition management tools support these communications.

Co-Management Letters and Care Sharing Agreements are intended to help define communications and coordinate the work and roles among primary care providers, specialists, and children/youth (patients) and their families.

These communications specify a child's diagnosis, tests or studies needed, and the explicit responsibilities of each clinician and of their shared pediatric patients and their families. These agreements also spell out the parameters and details of how timely consultative information and feedback will be provided.

Co-management agreements make clear what activities will occur at the level of primary care and specialty care as well as the duration or period of time that *co-management* is desired or requested (short term, long term, indefinitely). Finally, these tools help to set up explicit processes for exchanges among family approved/named communicating partners.

See the next pages for:

A **letter template** (edit and print page 2) to engage a specialist in co-management for a specific child

A **co-management agreement** (edit and print page 3) template for primary care to specialty group collaboration

INSERT: Practice Name

Dear

We are referring our patient _____ to you for a consultation visit. It is our plan (the family and our medical home team) to obtain your expert opinion on the following aspects of their health and gain your guidance helping our community-based support of this child and family.

Child's Condition

Particular Questions/Concerns

Needed Recommendations

Other Tests or Referrals (note person responsible for communicating with family)

Recommended Specialty Visit Intervals

Needed Chronic Condition Management Parameters for Primary Care

Would it be possible for you to address the above checked concerns or issues and/or provide answers to the questions below (by phone, fax, email or other means) within one week?

1)

2)

Our care team is available to you for communication, transfer of information and sharing of care responsibilities. Our lead clinician and/or care coordinator can be reached at INSERT: phone number
INSERT: additional contact info

We appreciate your working with us to strengthen the care of children and families.

Sincerely,

INSERT: Your name and title



Co-Management Agreement

(Clinician/Practice Name) _____

is initiating this Co-Management Agreement with _____
to clarify aspects of the provision of comprehensive care for

General Agreement – Children and youth with the following conditions or

Specific Agreement – Name child/youth and their condition

We would like to establish a set of explicit co-management roles and clarify who will take the lead with each one.

Core knowledge and services your practice/department will provide.

Timely access, communication, and methods of reporting findings to one another

Periodicity of visits to specialty care/primary care (e.g. one time, period of time, indefinite, etc)

Establish methods to evaluate effectiveness together and with family

Other

This Co-Management Agreement is between the following primary care and specialty clinicians (include signatures):

Primary Care Clinician

Practice

Date

Specialist

Practice/Department

Date

