**PRIMARY CARE REFERRAL AND FEEDBACK FORM**

Date: __________ ( ) Initial ( ) Follow-up

**Referring Physician Name:**

Address: ____________________ (Street/PO Box) ____________________ City ______________ State ____________ Zip ____________

Fax: (______) ________________ Phone: (______) ________________

Patient’s Name: ____________________ DOB: ______________

Parent’s Name: ____________________ Address: ____________________ Phone: ____________________

Date(s) Patient Seen:

Reason(s) for Referral:

________________________

Any Specific Questions or Requests

________________________

**Referring Physician’s Printed Name/Signature**

Thank you for evaluating this patient. To facilitate communication and treatment, please make copies of this form to retain in the patient’s record; complete a form after initial assessment; complete additional forms periodically during treatment (as indicated) and when treatment is terminated; and mail or fax completed form(s) to the physician listed above. This is not a request for copies of psychotherapy notes, which require a signed consent to release. Thank you for your collaboration.

**Consultant’s Report**

Date(s) Patient Seen:

- Patient did not make appointment.
- Patient made an appointment but did not keep appointment.

**Initial Diagnoses:**

1. ____________________
2. ____________________
3. ____________________

**Recommendations:**

**Medications Prescribed:**

**Follow-up Arranged or Provided by Consultant:**

- Further diagnostic testing
- Individual therapy
- Family therapy
- Medication management

**Other Care Needed:**

- Medication management by PCC
- Referrals recommended
- Follow-up recommended
- Other

Name (type or print) ____________________ Signature ____________________

FAX to ____________________ # ____________________

Add disclaimer statement per your institution here:

---

doi: 10.1542/peds. 2010-0788Q

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™
## Supplemental Appendix S11: Primary Care Referral and Feedback Form

*Pediatrics* 2010;125;S172

DOI: 10.1542/peds.2010-0788Q

| Updated Information & Services | including high resolution figures, can be found at:  
http://pediatrics.aappublications.org/content/125/Supplement_3/S172.citation  

| Subspecialty Collections | This article, along with others on similar topics, appears in the following collection(s):  
Administration/Practice Management  
http://classic.pediatrics.aappublications.org/cgi/collection/administration:practice_management_sub  
System-Based Practice  
http://classic.pediatrics.aappublications.org/cgi/collection/system-based_practice_sub  

| Permissions & Licensing | Information about reproducing this article in parts (figures, tables) or in its entirety can be found online at:  
https://shop.aap.org/licensing-permissions/  

| Reprints | Information about ordering reprints can be found online:  
http://classic.pediatrics.aappublications.org/content/reprints  

---

Pediatrics is the official journal of the American Academy of Pediatrics. A monthly publication, it has been published continuously since . Pediatrics is owned, published, and trademarked by the American Academy of Pediatrics, 141 Northwest Point Boulevard, Elk Grove Village, Illinois, 60007. Copyright © 2010 by the American Academy of Pediatrics. All rights reserved. Print ISSN: .
Supplemental Appendix S11: Primary Care Referral and Feedback Form

*Pediatrics* 2010;125:S172
DOI: 10.1542/peds.2010-0788Q

The online version of this article, along with updated information and services, is located on the World Wide Web at:
http://pediatrics.aappublications.org/content/125/Supplement_3/S172.citation