



DEVELOPMENTAL & BEHAVIORAL PEDIATRICS

3325 Silas Creek Parkway
Winston-Salem, NC 27103
P 336.713.7429
F 336.713.7842

<https://www.wakehealth.edu/Specialty/p/Pediatric-Development-and-Behavior>

Please fax completed form and records ATTN to:

Katie Fogarty, Patient Nurse Navigator

Fax: 336.713.7842

WFBH MRN:

Date of Consult: _____ Interpreter needed for family? Yes/ No Language: _____

Name: _____
(First) (Middle) (Last)

Date of Birth: _____ Sex: _____ Patient adopted? _____

Parents/ Guardian: _____

Address: _____

(City) (State) (Zip code) County: _____

Primary telephone: _____ Secondary telephone: _____

E-mail: _____

Consulting Provider: _____

Practice Name: _____

Address: _____

(City) (State) (Zip code)

Telephone: _____ Fax: _____

Contact E-mail: _____

Primary Care Provider (if different from above): _____

Practice Name/ Address: _____

(City) (State) (Zip code)

Telephone: _____ Fax: _____



WFBH MRN: _____

Presenting problem/ Reason for evaluation:

- | | |
|--|---|
| <input type="checkbox"/> Autism concern | chronic medical conditions & genetic disorders) |
| <input type="checkbox"/> Developmental Delay | |
| <input type="checkbox"/> Neurodevelopmental Disorder (CP, hypotonia, CNS abnormality, etc) | <input type="checkbox"/> Already Identified Intellectual Disability |
| <input type="checkbox"/> Complex ADHD (in conjunction with Neurodevelopmental disorders, | <input type="checkbox"/> Behavior Concerns with Neurodev Disorder |
| | <input type="checkbox"/> Other: _____ |

Consultative Question (*be specific*):

Current Treatments/Therapies:

- | | |
|---|--|
| <input type="checkbox"/> Medications: _____ | <input type="checkbox"/> Speech Language Pathologist |
| _____ | <input type="checkbox"/> ABA |
| <input type="checkbox"/> OT | <input type="checkbox"/> Psychological: |
| <input type="checkbox"/> PT | <input type="checkbox"/> Other: |

Please provide a copy of patient's insurance card (front and back)

Guarantor: _____ Relationship: _____

Date of Birth: _____ Employer: _____

Insurance: _____

Group NPI # for Carolina Access: _____

For ALL consults:

- ❖ Please have the family obtain medical records from birth to present, including all therapy records, genetic testing, and any other pertinent information.

For children in Early Intervention Services:

- ❖ Please have the family obtain CDSA testing results.

For school aged children:

- ❖ Please have the family obtain all school records to include report cards, IEP's, Psychoeducational testing and any therapist testing.