

The Heart Center at Children's Medical Center Cardiac Neurodevelopmental Program Appointment Request

1935 Medical District Drive
Dallas, TX 75235

Date of request:	Primary language:	English	Spanish	Bilingual
Referring physician:				
Person requesting:				
Your phone number:	Patient Name DOB:			
Parent/guardian name:	Parent/guardian DOB:			
Parent/guardian address:				
Parent/guardian phone number: Home:	Work:	Cell:		
Diagnosis/symptoms for referral:				
Insurance company:				
Claims address:				
Name of insured:	Insured DOB:			
Member ID:	Group #:			

PLEASE NOTE: Completing all of this information on this form allows us to enter all required information, therefore expediting the scheduling process.

Thank you for your referral!

In order for us to provide the best care for your patients, please send in medical records with your request.



IMPORTANT NOTICE: The following information is needed from the patient's medical record to schedule an appointment.

- Surgical records, hospitalization discharge summaries
- Medical record of head MRI, US, CT scans
- Genetic testing, results
- Audiology, hearing screen results
- Ophthalmology visit notes

PLEASE HAVE THE REFERRING PHYSICIAN COMPLETE THE FOLLOWING:

Indicate if the patient has been exposed to any of the following.

Neonates or infants requiring open heart surgery (cyanotic and acyanotic)

Cyanotic heart lesions not requiring open heart surgery during neonatal or infant period

Prematurity (< 37 weeks)

Developmental delay (history, current)

Genetic abnormality or syndrome

History of mechanical support (VAD or ECMO use)

Heart transplantation

Cardiopulmonary resuscitation

Prolonged hospitalization (postoperative LOS > 2 weeks)

Pre-/Peri-/Post-operative seizures related to CHD surgery

Abnormalities on neuroimaging or microcephaly

PLEASE NOTE: All records are needed before the referral can be reviewed and scheduled. We will contact the family to schedule the appointment once all information is received and reviewed.

Please fax all required records and information to:

214-456-2714, Attention: Cardiac Neurodevelopmental Clinic.