



# Developmental-Behavioral Pediatrics Clinic

7910 Frost Street Suite 280 San Diego, CA 92123

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## Consultation Request Form

**Fax completed form and supplemental information to 858-496-9257**

### Patient Information:

Child's Name: \_\_\_\_\_ Date of Birth: // Age: \_\_\_\_\_ Gender:  M  F  Other

Caregiver's Name: \_\_\_\_\_

Relation:  Parent  Foster Parent  Other: \_\_\_\_\_

Will an interpreter be needed?  No  Yes Which Language? \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home: ( ) \_\_\_\_\_ Alt: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

In order to schedule an appointment, an insurance authorization must be in place. Please check if family plans to self-pay:

\_\_\_\_\_ Authorization required: \_\_\_\_\_ YES \_\_\_\_\_ NO

Insurance Carrier/Type: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_ Subscriber ID: \_\_\_\_\_

*Please have your staff request an authorization for ALL of the following CPT codes, a level 5 consultation visit (99245), developmental screening (96110), developmental testing (96112, 96113 X 3), behavioral assessment (96127 X 4), follow-up visits (99215x4, 99214x4, 99213x4), prolonged service with direct patient contact (99354), and additional time (99417x4).*

### Referring Provider/Primary Care Physician:

Referring Provider Name: \_\_\_\_\_ Clinic Name: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number for reports: \_\_\_\_\_

**REQUIRED:** Please describe in detail the primary reason for this consultation: \_\_\_\_\_

\*\* For concerns of atypical development or learning problems, please ensure that referrals for appropriate concurrent services have also been submitted (e.g., school IEP request, speech therapy, etc.). \*\*

**Consultation requested for:**  diagnosis  2<sup>nd</sup> opinion  medical workup  medication management

recommendations for services/resources

- Diagnosis:**  Expressive language delay – F80.1  Receptive language delay or expressive and receptive language delay – F80.2  
 Gross motor delay – F82  Fine motor delay – F82  Social delay – F88  ADHD-inattentive – F90.0  Inattention R41.840 – Attention and concentration deficit  Impulsiveness – R45.87  Hyperkinetic behavior – F90.9  
 ADHD-hyperactive/impulsive or combined type – F90.1 F90.2  Autism Spectrum Disorder – F84.0  Anxiety – F41.9  Depression – F32.9  Learning difficulties – F81.9  Academic underachievement – Z55.3  Oppositional behaviors/ODD – F91.3  Intellectual disability – F79  Feeding problems – R63.3  Sleep problems – G47.9

**Is the patient currently under the care of a psychiatrist?**  Yes (If yes, please provide contact information and records)  
 No

Other concerns with documented Dx code: \_\_\_\_\_

**REQUIRED: Dx codes must be documented in EPIC referrals and on hard copy request.**

*Note: We do not evaluate children with complex or emergency mental health needs, or those taking multiple psychotropic medications. Max age for new patients is 14 years old. We do not provide comprehensive psychological testing, ongoing behavioral therapy, or ongoing mental health counseling.*

\_\_\_\_\_  
Primary Care Physician's or Referring Provider's signature and specialty

\_\_\_\_\_  
Date