



Developmental-Behavioral Pediatrics Clinic

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Developmental-Behavioral Pediatrics Consultation Request

Fax completed form and supplemental info to 858-496-9257

Patient Information:

Child's Name: _____ Date of Birth: / / Age: ____ Gender: M F

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 a level 5 consultation visit (99245), brief behavioral assessment (96127 x 3), developmental screening (96110 x1), developmental testing (96111), several follow-up visits (99215, 99214), and prolonged service with direct patient contact (99354).

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 abnormal 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 concerns: diagnosis 2nd 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 ADHD-hyperactive/impulsive—F90.1 ADHD-combined type—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

Other concerns with documented dx code _____

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

Note: We are unable to evaluate children with complex or emergency mental health needs, or those taking multiple psychotropic medications. We do not provide comprehensive psychological testing, ongoing behavioral therapy or ongoing mental health counseling.

Referring Provider's or Primary Care Physician's Signature: _____

Date: _____