

# Request for Consultation

## UT Le Bonheur Pediatric Specialists CP/Neuromuscular Clinic

Thank you for your referral to CP/Neuromuscular Clinic.  
Initial referrals must come from PCP/Neurologist/Therapist/Orthopedist.

To schedule an appointment, please provide the following by fax at (901) 937-6681:

- This completed form
- Patient demographics AND
- Medical records related to the referral (x-ray, MRI, clinic note, etc.)

Patient Information	
Patient Name: _____	DOB: _____
Phone Number: _____	
Parent/Guardian: _____	
Insurance: _____	

Reason for Referral: \_\_\_\_\_

Has the patient been diagnosed with cerebral palsy by a Neurologist? \_\_\_ Yes \_\_\_ No

If yes, who diagnosed the patient? \_\_\_\_\_ Date of Diagnosis: \_\_\_\_\_

Has patient been diagnosed by MRI? \_\_\_ Yes \_\_\_ No Date of last MRI: \_\_\_\_\_

Is the patient between the ages of 2-14? \_\_\_ Yes \_\_\_ No

Does the patient receive: \_\_\_ Speech Therapy \_\_\_ Occupational Therapy \_\_\_ Physical Therapy?

If yes, Where? \_\_\_\_\_

Referring Provider Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

UT Le Bonheur  
Pediatric Specialists