UAMS Health | James L. Dennis Developmental Center

**Date:_____**

## NEW PATIENT REFERRAL FORM

**NOTE: The DDC does NOT provide diagnostic or treatment services for psychiatric diagnoses (e.g., depression, anxiety, bipolar disorder, etc.) and is NOT the referral center for concerns of suicidal/homicidal ideation or mental health crises. If you are concerned that a child with those psychiatric issues also needs developmental assessment/referral to the DDC, please simultaneously refer to a psychiatric/mental health provider AND check this box, alerting us of this acute case:**

**THIS FORM WILL BE CONSIDERED, ACCEPTED AND TREATED AS AN OFFICIAL MEDICAID REFERRAL**

### STEP 1: Patient Demographics and Insurance Information

| | | | |
|---|---|---|---|
| Patient Name: | | DOB: | Age: |
| Address: | City: | State: | Zip Code: |
| Parent(s)/Legal Guardian(s) Names: | | | |
| Phone Number(s): ( ) | ( ) | ( ) | |
| Primary Insurance: | | Policy #: | |
| Secondary Insurance: | | Policy # | |
| Policyholder's Name, DOB & Social Security #:<br><br>Relationship to Patient: | | | |
| Primary Ins. Co. Phone # ( ) | | Secondary Ins. Co. Phone # ( ) | |
| If the family you are referring does NOT speak English, what is their native language? | | | |

### STEP 2: Please check and complete ONE of the appropriate referral sections below:

- ○ Follow Up Appointment
- ○ Evaluation or Management of the following behaviors/concerns:
- ○ Confirmation or Second Opinion of the patient's previous diagnosis of:
- ○ Therapy Services **ONLY** (check requested therapy type below):

| | |
|---|---|
| Feeding Problems | Diabetes Adjustment Issues |
| Noncompliant/"Strong-Willed" Preschooler | ADHD Behavioral Issues |
| Autism w/ Anxiety & Social Skills Difficulty | Parent-Child Interaction Therapy |
| Medical Crisis and Loss Issues | |

### STEP 3: Physician Contact Information

PCP Name: _ _____ NPI#: _____

PCP Signature: _____

Phone #: _____ Fax #: _____

Referring Clinician Name: _____ NPI #: _____

**PLEASE FAX THIS COMPLETED FORM AND ANY PERTINENT MEDICAL RECORDS TO DDC: (501) 978-6492**