

**In order to process your referral we must have:**

1. Hospital Discharge Summary (from Infant's Birth) & Recent Outpatient Notes  
**AND**

2. This referral form completed entirely (may include patient's face sheet)

|                                    |                      |   |              |
|------------------------------------|----------------------|---|--------------|
| Child's name                       |                      | DOB   | Today's Date |
| Address                            |                      | Telephone Number  |              |
| Father's Name                      |                      | Alternative number  |              |
| Mother's Name                      |                      | Mother's work number  |              |
| Primary Care Provider/phone number |                      | <b><u>Referral Source/phone #</u></b> (if different than PCP) |              |
|                                    |                      |   |              |
| Primary Insurance Company          | Insurance Co Phone # | IPA or Medical Group (if HMO insurance)                       |              |
| Policy #                           | Group #              | Insured Name  |              |

Birth wt.: \_\_\_\_\_ Last wt/date: \_\_\_\_\_ # Weeks gestation \_\_\_\_\_ Current age: \_\_\_\_\_

**Last Synagis Dose given:    Date \_\_\_\_\_ CPT Codes= 99245 (consult) 90378 (Synagis) 96373 (injection)**

**MEDICAL CRITERIA FOR REFERRAL TO THE RSV CLINIC (MUST MEET ONE)**

- Preterm:** Infants born **≤ 28 weeks 6 days** gestation and **less than 12 months of age** (as of 1 Nov 2019).
- Chronic Lung Disease:** Preterm infants with CLD of prematurity, defined as gestational age <32 weeks 0 days and a requirement for room air high flow nasal cannula at 21% or an oxygen requirement >21% for at least the first 28 days after birth, and **less than 12 months of age** (as of 1 Nov 2019).
- Infants who satisfy the definition of CLD of prematurity (see above) and continue to require medical support (e.g., chronic corticosteroid therapy, diuretic therapy, or supplemental oxygen) during the past 6 months and **younger than 24 months of age** (as of 1 Nov 2019).
- Congenital Heart Disease:** Infants, **12 months of age or younger** (as of 1 Nov 2019), with hemodynamically significant CHD (includes those infants with acyanotic heart disease who are receiving medication to control congestive heart failure and will require cardiac surgical procedures and infants with moderate to severe pulmonary hypertension).
- Cardiac Transplantation:** Children, **younger than 24 months of age** (as of 1 Nov 2019), who undergo cardiac transplantation during the RSV season.
- Pulmonary Abnormality or Neuromuscular Disorder:** Infants, **12 months of age or younger** (as of 1 Nov 2019), with neuromuscular disease or congenital anomaly that impairs the ability to clear secretions from the upper airway because of ineffective cough.
- Immunocompromised:** Children, **younger than 24 months of age** (as of 1 Nov 2019), who are profoundly immunocompromised during the RSV season.

Comments: \_\_\_\_\_

\_\_\_\_\_  
Print Referring Physician's Name

\_\_\_\_\_  
Physician's Signature indicating authorization for referral

Fax Referral to CHOC in Orange at 1-855-CHOCFAX (1-855-246-2329)

For scheduling and authorizations call: (714) 509-7476 \* To reach the clinical team call (714) 509-4107