

Outpatient Referral Form Tip Sheet

Refer patients efficiently to Stanford Medicine Children's Health using our online referral form

By submitting the form electronically directly from your computer, or from a mobile device, we have eliminated the need to fax. You have the ability to attach relevant clinical documents, authorizations and insurance cards, with the option to upload up to 30 files.

1. Provide your referring provider information (**Note:** *Required fields are marked with an *asterick)

☐ Medically URGENT/PRIORITY * Required
☐ Routine

Referring Provider

Referring MD/NP/PA:

* Please indicate your relationship to the patient: ☐ PCP ☐ Other

2. Include referral details

Reason for Referral

If you would like an MD Consult regarding this referral please call the Referral Center at (800) 995-5724.

* Reason for visit: ☐ New Patient Consultation ☐ 2nd Opinion ☐ Transfer of Care ☐ Procedure/Surgery (no consultation needed)

* Please note: A referral is not required for follow up patients with the same diagnosis if they have been seen in the last 3 years.
Please contact the clinic directly to schedule a follow up appointment.

* Service/Specialty Requested:

Provider Requested:

* ICD10 (Required)

Reason for Referral:

3. Input patient information

Required Patient Information

☐ Female
 ☐ Male
 ☐ Other

Stanford Medicine Children's Health Medical Record:

* Interpreter required for either patient or parent/guardian?
 ☐ Yes
 ☐ No

* Patient Last Name:
 * Patient First Name:
 Middle Name

* Date of Birth
 Age

mm/dd/yyyy

* Patient's Address
 * City/State/Zip

* Patient's Phone:
 ☐ Home
 ☐ Cell
 ☐ Work

Alternate Phone:
 ☐ Home
 ☐ Cell
 ☐ Work

* Guardian Last Name:
 * Guardian First Name:
 * Guardian Relationship:

4. Include insurance information

Insurance Information

☐ Self Pay

* Guarantor same as Subscriber?
 ☐ Yes
 ☐ No

* Person Financially Responsible for Patient
 * Guarantor Relationship:

* Guarantor DOB

mm/dd/yyyy

* Authorization Required
 ☐ Yes
 ☐ No

5. Easily upload relevant clinical documents, authorizations, and insurance cards

Document Upload

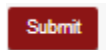
Please attach the following documents:

- All relevant clinical documents (i.e. clinic notes, history and progress notes, medication history, growth charts-height and weight, head circumference, labs, diagnostic reports and a copy of the insurance card)
- Remember to attach authorization.
- A legible copy of the insurance card (both sides), and authorization if required.

Upload File (up to 30 files):

Choose Files
 No file chosen

6. One button click to submit online



Once submitted, referrals are reviewed and triaged. You will be notified if additional information is required.

Helpful tips:

- Ensure all sections are complete.
- Attach all necessary documents.
- Mark "Urgent" if needed.
- If you need additional assistance, please call our Referral Center (800) 995-5724