

PHYSICIAN REFERRAL

WEISSKOPF CHILD EVALUATION CENTER-UNIVERSITY OF LOUISVILLE
571 S. Floyd Street, Suite 100, Louisville, KY 40202-3828 Telephone 502-852-5331 Fax 502-852-7679

PATIENT INFORMATION					
DATE OF REFERRAL		WCEC CHART NUMBER		ACCOUNT NUMBER	
PATIENT'S NAME: LAST			FIRST		
MIDDLE:			BIRTH DATE		
ADDRESS: STREET			CITY		
STATE	ZIP	COUNTY		EMAIL	
HOME PHONE		WORK PHONE		CELL PHONE	
PARENT/LEGAL GUARDIAN NAMES					
MOTHER'S NAME: LAST			FIRST		INITIAL
MOTHER'S MAIDEN NAME					
FATHER'S NAME: LAST			FIRST		INITIAL
LEGAL GUARDIAN'S NAME: LAST			FIRST		INITIAL
LEGAL GUARDIAN'S ADDRESS IF DIFFERENT FROM CHILD'S: STREET ADDRESS					
CITY		STATE	ZIP CODE	PHONE	
INSURANCE/FINANCIAL INFORMATION					
INSURANCE CARRIER # 1				EFFECTIVE DATE	
Subscriber I.D. Number		Group #		Subscriber Name	
Insurance Carrier Telephone Number			Insurance Address		
INSURANCE CARRIER # 2				EFFECTIVE DATE	
Subscriber Number		Group #		Subscriber Name	
Insurance Carrier Telephone Number			Insurance Address		
REASON FOR REFERRAL					
Presenting Concerns:					
Services Requested: <input type="checkbox"/> Evaluation <input type="checkbox"/> Treatment					
Current Diagnosis: (if any)					
Rule-Out Diagnosis:					
REQUESTED EVALUATION SITE					
<input type="checkbox"/> WCEC		<input type="checkbox"/> Star Program		<input type="checkbox"/> Outreach Clinic	<input type="checkbox"/> First Available Opening
REFERRING PHYSICIAN INFORMATION					
Are you the Patient's Primary Care Physician? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, list PCP Name and Phone Number:					
PCP Name:			PCP Phone Number:		
Physician's Name (Printed)				KY Medicaid Provider #	
Physician's Signature					
Address: Street					
City		State	Zip	County	
Group Name					
Office Phone		Fax Number		Other Phone	
IT IS IMPERATIVE THAT THE FOLLOWING INFORMATION IS COMPLETED FOR BILLING PURPOSES					
Doctor's Medicaid I.D. #		Doctor's KENPAC #		Doctor's Taxonomy Code #	
Doctor's Passport I.D. #		UPIN #		Doctor's NPI #	