CookChildren's

6210 John Ryan Dr., Suite 104
Fort Worth, TX 76132

Referral request

Pediatric and Adolescent Gynecology
Shanna M. Combs, M.D., FACOG
Jaime Jordan, WHNP-BC
682-303-0800 phone • 682-303-0799 fax
7 a.m. to 5:30 p.m., Tue-Fri

Patient name: _____

Referring physician: _____

Address: _____ Apt. # _____

City: _____ State: _____ ZIP: _____

SS #: _____ DOB: _____ Home phone #: _____

Primary language: _____ Cell phone #: _____

Insurance: _____ Policy holder: _____ DOB: _____

Insurance #: _____ ID #: _____ Group #: _____

2nd Ins: _____ Insured: _____ DOB: _____ ID/Group: _____

Referring physician phone #: _____ Fax #: _____

***** Please FAX a copy of the patient's insurance card(s) to 682-303-0799 *****

Age of 1st menses (if applicable): _____ LMP: _____

Services requested (check all that apply)

- ◯ Initial reproductive health visit
- ◯ Consultation
- ◯ Contraception/birth control
- ◯ Other services, please specify:

_____
_____
_____
_____

Indications

- ◯ Initial reproductive health visit
- ◯ Ovarian cyst or mass
- ◯ Polycystic ovary syndrome (PCOS)
- ◯ Sexually transmitted diseases (STD) testing
- ◯ Menstrual concerns
- ◯ Other indications:
- ◯ Pelvic pain
- ◯ Amenorrhea
- ◯ Development concerns
- ◯ Vulvar or vaginal concerns

Additional notes/requests:

_____
_____
_____
_____
_____
_____

Date/time of appointment: _____ **Appointment made by:** _____