CookChildren's

Aerodigestive referral form

A multidisciplinary clinic dedicated to the care of children with complex airways, respiratory problems and gastrointestinal disorders.

Inclusion criteria

- ○ Achalasia
- ○ Airway obstruction
- ○ Apnea (central and obstructive)
- ○ Bronchogenic cysts
- ○ Bronchomalacia
- ○ Bronchopulmonary dysplasia
- ○ Caustic ingestion with stricture
- ○ Chronic aspiration (tracheotomy dependent)
- ○ Craniofacial syndromes (airway obstruction/ feeding problems)
- ○ Dysphagia
- ○ Esophageal atresia (EA); including long gap
- ○ Esophageal duplications
- ○ Esophageal replacement; colonic interposition
- ○ Gastroesophageal reflux with associated respiratory problems
- ○ Glottic stenosis
- ○ Hypoplastic lung
- ○ Hypoventilation
- ○ Interstitial lung disease
- ○ Laryngeal/tracheal/bronchial papillomatosis (sexually transmitted infections)
- ○ Laryngeal atresia
- ○ Laryngeal cleft
- ○ Laryngeal web
- ○ Laryngomalacia (severe)
- ○ Sleep disorders
- ○ Subglottic stenosis
- ○ Tracheal stenosis
- ○ Tracheoesophageal fistulas (TEF)
- ○ Tracheomalacia
- ○ Vocal cord paralysis
- ○ Voice disorders

If your patient doesn't meet the above criteria, they will be reflexively referred to our pulmonology specialists.

Use our paperless portal to send referrals at **epiccarelink.cookchildrens.org**

Date: _____

Patient name: _____ DOB: _____

Address: _____

Guardian name: _____

Contact numbers: Work: _____ Home: _____ Mobile: _____

Referring physician: _____

Physician phone: _____ Physician fax: _____

☐ Primary insurance information attached

Preferred language: _____ Preferred office location: _____

Referral coordinator name: _____

Coordinator phone: _____ Coordinator fax: _____

Reason for referral

Please note the specific problem. If this is an urgent referral, please call the specialty requested.

_____

_____

_____

_____

Physician signature: _____ Date: _____

When you fax this form, please include a copy of the patient's insurance card, labs, imaging, history and patient demographics. Please attach any prior procedures or studies that include bronchoscopy, CT, MRI, US, swallow function study, DLB, EGD, esophagram, UGI and/ or a sleep study.

Cook Children's Aerodigestive Clinic

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Fort Worth, TX 76104

682-303-3350 phone
682-885-3351 fax

8 a.m.-5 p.m., Mon-Fri
cookchildrens.org

If this is an urgent referral, please call our clinic directly.

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