

In order to schedule your patient and be most efficient, we'll need this form completed, along with a copy of the patient's insurance card, labs, imaging related to cardiology history, patient demographics and clinic note from last visit. Thank you.

### Cook Children's locations:

Abilene • Alliance • Amarillo • Arlington • Denton • Fort Worth • Mansfield  
Midland • Prosper • San Angelo • Southlake • Waco • Wichita Falls

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### Basic information

Date: \_\_\_\_\_

Patient name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Parent or guardian name: \_\_\_\_\_

Contact numbers: Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Preferred language: \_\_\_\_\_ Will an interpreter be needed?  Yes  No

Has the patient previously been seen by a cardiologist?  Yes  No

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### Insurance information (send copy of insurance card)

Primary insurance name: \_\_\_\_\_ Member ID #: \_\_\_\_\_

Policy holder: \_\_\_\_\_

Referring physician: \_\_\_\_\_

Referring physician phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Please fax this form, along with patient pertinent medical records and a copy of the patient's insurance card to **682-885-2329**.

If you have any questions, please contact Cook Children's Heart Center at **682-885-2140**.

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### Reason for consult/referral

Consultation

Outpatient 24 hour Holter monitor

Outpatient echocardiogram only

Outpatient electrocardiogram (EKG) only

Other: \_\_\_\_\_

Reason for visit: \_\_\_\_\_

Does the patient who is being referred have a sibling who we already follow?  Yes  No

Physician signature: \_\_\_\_\_ Date: \_\_\_\_\_