CookChildren's

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

Referral request

Pediatric and Adolescent Gynecology
Shanna M. Combs, M.D., FACOG
682-303-0800 phone • 682-303-0799 fax
8 a.m. to 4:30 p.m., Mon-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:

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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

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Additional notes/requests:

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