Phoenix Children's

NEST/NICU Follow-up Clinic Referral

Name: _____
MRN: _____
DOB: _____
or Apply Patient Label

Phone: 602-933-4411
Fax: (602) 933-2436

****PLEASE ATTACH: PATIENT DEMOGRAPHICS, RELEVANT AUTH, and RECORDS****

Patient Name:		**DOB:**
Parent/Legally Authorized Representative Name:	**Mobile Phone:**	**Alt. or Emergency number:**
Referring physician:	**Phone:**	**Fax:**
Practice Contact:	**Phone:**	
Reason for referral:		

ICD-10 codes if available:					
Lack of normal physiological development	☐	R62.5	Delayed Milestones	☐	R62.0
Hypotonia	☐	P94.2	Hypertonia	☐	P94.1
____IVH Grade_____	☐	P52.3	Prematurity <28 weeks	☐	P07.2
Torticollis	☐	Q68.0	Prematurity 28-36 weeks	☐	P07.3
Generalized Weakness	☐	R53.1	Plagiocephaly	☐	Q67.3
HIE (Hypoxic Ischemic Encephalopathy)	☐	P91.6	Abnormal gait	☐	R26.9
Hydrocephalus	☐	Q03.9	Ataxia	☐	R27.0
Dysphagia	☐	R13.1	Cerebral Palsy	☐	G80.9
PVL (Periventricular Leukomalacia)	☐	P91.2	Other	☐	

Referral Request

NEST Clinic

(Please note: NEST clinic is a multi-disciplinary clinic working collaboratively with the rehabilitative services, orders must be placed for these services to complete the visit)

Developmental Evaluation (99255, 99254) PT Evaluation (97161, 97162, 97163) OT Evaluation (97165, 97166, 97167) Feeding/Swallowing Evaluation (92610) Speech Therapy (92521, 92523, 92522)	☐

Additional therapies: (please note these are therapies that are being requested to be scheduled outside of NEST)

Physical Therapy		**Occupational Therapy**	
Evaluation (97161, 97162, 97163)	☐	Evaluation (97165, 97166, 97167)	☐

Feeding Therapy (Under 18 month)	
Feeding/Swallowing Evaluation (92610)	☐

Consultations			
Audiology	☐	Orthopedics	☐
Cardiology	☐	Otolaryngology/ENT	☐
Dermatology	☐	Pediatric Surgery	☐
Gastroenterology	☐	Plastic Surgery	☐
Genetics	☐	Pulmonology	☐
Hematology/Oncology	☐	Pulmonology (BPD clinic only)	☐
Nephrology	☐	Urology	☐
Neurology	☐	Other_____	☐
Neurosurgery	☐	Other_____	☐

Physician Signature:	Date:	**Time:**
Physician Name Printed:		