



Developmental-Behavioral Pediatrics Clinic

7910 Frost Street Suite 280 San Diego, CA 92123

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Consultation Request Form

Fax completed form and supplemental information to 858-496-9257

Patient Information:

Child's Name: _____ Date of Birth: / / Age: _____ Gender: M F

Caregiver's Name: _____

Relation: Parent Foster Parent Other: _____

Will an interpreter be needed? No Yes Which Language? _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Home: () _____ Alt: () _____ Email: _____

In order to schedule an appointment, an insurance authorization must be in place. Please check if family plans to self-pay: _____ Authorization required: _____ YES _____ NO

Insurance Carrier/Type: _____

Subscriber Name: _____ Subscriber ID: _____

Please have your staff request an authorization for ALL of the following CPT codes, a level 5 consultation visit (99245), developmental screening (96110), developmental testing (96112, 96113 X 3), behavioral assessment (96127 X 4), several follow-up visits (99215, 99214, 99213), prolonged service with direct patient contact (99354), and additional time (99417).

Referring Provider/Primary Care Physician:

Referring Provider Name: _____ Clinic Name: _____

Phone number: _____ Fax number for reports: _____

REQUIRED: Please describe in detail the primary reason for this consultation: _____

** For concerns of abnormal development or learning problems, please ensure that referrals for appropriate concurrent services have also been submitted (e.g., school IEP request, speech therapy, etc.). **

Consultation requested for: diagnosis 2nd opinion medical workup medication management
 recommendations for services/resources

Diagnosis: Expressive language delay – F80.1 Receptive language delay or expressive and receptive language delay – F80.2 Gross motor delay – F82 Fine motor delay – F82 Social delay – F88 ADHD-inattentive – F90.0 Inattention R41.840 – Attention and concentration deficit Impulsiveness– R45.87 Hyperkinetic behavior – F90.9

ADHD-hyperactive/impulsive or combined type – F90.1 F90.2 Autism Spectrum Disorder – F84.0 Anxiety – F41.9 Depression – F32.9 Learning difficulties – F81.9 Academic underachievement – Z55.3 Oppositional behaviors/ODD – F91.3 Intellectual disability – F79 Feeding problems – R63.3 Sleep problems – G47.9

Is the patient currently under the care of a psychiatrist? Yes (If yes, please provide contact information and records)
 No

Other concerns with documented Dx code: _____

REQUIRED: Dx codes must be documented in EPIC referrals and on hard copy request.

Note: We are unable to evaluate children with complex or emergency mental health needs, or those taking multiple psychotropic medications. We do not provide comprehensive psychological testing, ongoing behavioral therapy, or ongoing mental health counseling.

Primary Care Physician's or Referring Provider's signature and specialty

Date