



# EMERGENCY DEPARTMENT PATIENT REFERRAL FORM

**CHILDREN'S HOSPITAL MEDICAL STAFF ONLY**

**FAX TO: 510-450-5822**

**Please be aware of the following points as you use the fax referral system.**

1. Please fax this completed form to the Emergency Department Attending at the number above. Please give us as much relevant information as possible so we can continue your high level of care.
2. If the patient is coming by ambulance, please call us at 510-428-3240.
3. If you have concerns about sexual assault/abuse please contact the on-call social worker for the Center for Child Protection via the hospital operator at 510-428-3000. The worker will be able to advise you as to the appropriate disposition. In most cases, the police jurisdiction where the alleged assault/abuse occurred will need to be contacted. The police will determine if a forensic exam is indicated.
4. Per Alameda County protocol, Children's Hospital & Research Center Oakland's Emergency Department is the designated center for emergency evaluation of patients 11 years old and younger with potential behavioral or psychiatric conditions who may need inpatient services. Children 12 years and older should be directed to Alta Bates ED for evaluation.
5. The hospital does not have OB/Gyn services. Known or suspected pregnant patients of any age should be referred to other appropriate facilities for care.

Date: \_\_\_\_\_ Time: \_\_\_\_\_ a.m. | p.m.

Patient Name [LAST] \_\_\_\_\_ [FIRST] \_\_\_\_\_

Patient Age: \_\_\_\_\_ Days \_\_\_\_\_ Months \_\_\_\_\_ Years      Weight: \_\_\_\_\_

**Referring MD:** \_\_\_\_\_ **Best phone # to reach me:** \_\_\_\_\_

Reason for Concern: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Treatment given: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Significant Past History, Allergies and Chronic Meds: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Patients with lacerations, suspected fractures or surgical conditions should be NPO.**

Vital Signs: [Time: \_\_\_\_\_] T \_\_\_\_\_ P \_\_\_\_\_ R \_\_\_\_\_ BP \_\_\_\_\_ / \_\_\_\_\_

Pulse Ox \_\_\_\_\_ % on \_\_\_\_\_ Last Tetanus: \_\_\_\_\_

**Recommendations:** \_\_\_\_\_

- \_\_\_\_\_  
\_\_\_\_\_
- Evaluate, treat and admit as needed     Admit     Call only if admit
  - Call before disposition     Leave message about disposition is OK