



Complex Care Referral and Assessment Form

Complex Care at Children's National is a primary care medical home for children with medical complexity. We are **not** a consultative diagnostic clinic, nor are we able assist with compliance or behavioral health diagnosis as a primary reason for referral. *While we appreciate referrals from any party, parent or guardian's approval is required for a full assessment and program admittance.*

Send completed form to ComplexCare@ChildrensNational.org. Questions call: 202-476-4664, Option 1, then 2

Date of Referral:	Referrer: PCP/Specialty Provider/Parent/Community/Other:
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Provider Information:

Name:	Practice:
Phone:	Email:
CN referral: NICU HELP HSC	

Parent/Guardian Information:

Name:	Preferred Language: English Spanish Arabic ASL
Phone:	Email:

Patient Information:

Name:	Date of Birth:
CNHS MRN:	Preferred Language: English Spanish Arabic ASL

Check all that currently apply:

- Feeding Tube (NG, G, G/J, ect)
- Ostomy (Intestinal or Urinary)
- Tracheostomy
- Ventilator/ CPAP or BiPAP
- Baclofen Pump
- VP/VA Shunt
- Vagal Nerve Stimulator
- Home Oxygen
- Clean Intermittent Catheter
- Mobility device/Wheelchair/Stretcher
- Home Monitors (Apnea/Pulse Ox)
- Private Duty Nursing
- Central Line
- LVAD
- Other: _____

Additional Information:

- Interpreter needed, Language: _____
- Cultural barriers (refugee, recent immigrant)
- Possible caregiver limitations (cognitive, mental health concerns, domestic violence, substance abuse)
- Patient in foster care/child protective services/resident of medical residential facility
- REM, Model Waiver, CCC+, HSCSN, Other: _____
- Community PCP seeking co-management

In the past 12 months:

____ # of Admissions
 ____ # of active subspecialists, circle all that apply
 Allergy& Immunology, Cardiology, Dental, Derm, ENT, GI, Gen Surg, Genetics, Hearing & Speech, Nephrology, Neuro, Nrsrg, Ortho, PMR, Plastic Surg, Optho, Psych, Pulm, Rheumatology, Urology, other: _____

Additional information/reason for referral:

Complex Care Program

Date Reviewed:	Accepted: Y or N	If Yes: Urgent / Routine	Denied- seeking specialty care coordination
Reviewed by:	CCP Assigned Provider:		
Comments:	Appointment date:		