



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:

Referrer confirms family is aware of the referral to primary care and approves to be contacted by our team

Provider Information:

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

Parent/Guardian Information:

Name: Preferred Language: Phone: Email:

Patient Information:

Name: Date of Birth: CNH New Patient or if existing pt MRN: Preferred Language:

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:

Insurance Information:

- Insurance: Policy Holder: Policy No. Group No. Waiver Program: REM, Model Waiver, CCC+, HSCSN, Other:

Social complexity is a key component of our assessment.

- 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 Additional information:

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, Nrsng, Ortho, PMR, Plastic Surg, Ophtho, Psych, Pulm, Rheumatology, Urology, other:

Additional information/reason for referral:

Empty box for additional information/reason for referral.