



DEVELOPMENTAL & BEHAVIORAL PEDIATRICS

3325 Silas Creek Parkway
Winston-Salem, NC 27103
P 336.713-7429
F 336.713.7842
WakeHealth.edu/Brenner

Please fax completed form and records ATTN to:
Katie Fogarty, Patient Nurse Navigator
Fax: 336.713.7842

WFBH MRN:

Date of Consult: _____ Interpreter needed for family? Yes/ No Language: _____

Name: _____
(First) (Middle) (Last)

Date of Birth: _____ Sex: _____ Patient adopted? _____

Parents/ Guardian: _____

Address: _____

(City) (State) (Zip code) County: _____

Primary telephone: _____ Secondary telephone: _____

E-mail: _____

Consulting Provider: _____

Practice Name: _____

Address: _____

(City) (State) (Zip code)

Telephone: _____ Fax: _____

Contact E-mail: _____

Primary Care Provider (if different from above): _____

Practice Name/ Address: _____

(City) (State) (Zip code)

Telephone: _____ Fax: _____



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WFBH MRN: _____

Presenting problem/ Reason for evaluation:

- Autism concern
- Behavioral concern
- Developmental Delay
- Learning/Intellectual Disability
- Neurodevelopmental Disorder (CP, hypotonia, CNS abnormality, etc)
- Other: _____

Consultative Question (*be specific*):

Current Treatments/Therapies:

- Medications: _____
- Speech Language Pathologist
- OT
- ABA
- PT
- Psychological:
- Other:

Please provide a copy of patient's insurance card (front and back)

Guarantor: _____ Relationship: _____

Date of Birth: _____ Employer: _____

Insurance: _____

Group NPI # for Carolina Access: _____

For ALL consults:

- ❖ Please have the family obtain medical records from birth to present, including all therapy records, genetic testing, and any other pertinent information.

For children in Early Intervention Services:

- ❖ Please have the family obtain CDSA testing results.

For school aged children:

- ❖ Please have the family obtain all school records to include report cards, IEP's, Psychoeducational testing and any therapist testing.