University of Kentucky NICU Graduate Clinic Referral

Please email form to nicugrad@uky.edu or fax to 859-218-7585

Appointments scheduled only if a discharge summary is received with this form and this form is complete.

Patient Information

Patient's name: _____

Date of Birth: _____ UK MR#: _____

Phone Number: _____ Alternate Phone Number: _____

Home Address: _____

Discharged home with: _____ Relationship: _____

Is this a Foster Care placement: ☐ Yes ☐ No (If yes, name of state SW: _____)

Will this family need the services of an interpreter? ☐ Yes ☐ No (Language: _____)

PCP Name: _____ PCP Phone: _____

Insurance Carrier: _____ Insurance Type: ☐ HMO ☐ PPO ☐ POS ☐ Indemnity

Reason for Referral

Reason for referral (Please check all that apply.):

- ☐ Premature birth (<32 weeks)
- ☐ Very Low Birth Weight (<1500 grams)
- ☐ Chronic Lung Disease/ BPD
- ☐ Status Post Nitric Oxide
- ☐ Severe IUGR
- ☐ Grade 3 or 4 IVH
- ☐ HIE/Severe Birth Depression (5 min APGAR <5)
- ☐ Neonatal Seizures
- ☐ Meningitis
- ☐ Hydrops Fetalis
- ☐ Multiple Surgeries
- ☐ Home on NG Feeds or with G-Tube
- ☐ Other feeding problem (< 1 year of age)
- ☐ Sepsis requiring pressors
- ☐ Congenital Heart Disease
- ☐ Intrauterine Viral Infection (TORCH, Zika, etc.)
- ☐ Failure to Thrive (post NICU discharge)
- ☐ Developmental delay (<1 year of age)

☐ NAS or significant drug exposure (Check all drug categories to which patient was exposed)

☐ Opiate ☐ Benzo ☐ Cocaine ☐ THC ☐ Other: _____(ex: SSRI) ☐ Unknown

☐ Discharged home on medication for withdrawal? ☐ No ☐ Yes: medication(s) _____

Are you requesting NICU Graduate Clinic to manage these medications? ☐ No ☐ Yes

☐ Oxygen and/or monitor follow-up.

Was patient discharged on home oxygen? ☐ No ☐ Yes: Oxygen flow: _____(Liters per minute)

Apnea monitor? ☐ No ☐ Yes Pulse oximeter? ☐ No ☐ Yes DME company: _____

Requesting Practitioner / Group

Office Name: _____ Practitioner Name: _____

Office Address: _____ Telephone: _____

Fax: _____ Are you the patient's primary care physician? ☐ Yes ☐ No

Please help us provide optimal care for your patient by faxing the inpatient discharge summary when available.