

## Pediatric Gynecology Referral Form

Please fax referral to 303-861-4490.

Please include clinic notes, labs, and other related records with the referral.

Please check desired location (if applicable)

**Presbyterian/St Lukes Medical Center**

1601 E. 19th Ave.  
Suite 3550  
Denver, CO 80218  
Phone: 303-861-4480

**Lone Tree**

10465 Park Meadows Drive  
Suite 201  
Lone Tree, CO 80124  
Phone: 303-861-4480

**Avista Adventist Hospital**

90 Health Park Drive  
Suite 390  
Louisville, CO 80027  
Phone: 303-861-4480

**DATE OF REFERRAL:** \_\_\_\_\_

### PATIENT INFORMATION

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Guardian Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

### INSURANCE INFORMATION

Insurance: \_\_\_\_\_ ID#: \_\_\_\_\_ Group #: \_\_\_\_\_

Policy Holder: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship to Pt. \_\_\_\_\_

### REFERRING PROVIDER

Referring Provider: \_\_\_\_\_ NPI: \_\_\_\_\_ Medicaid TPI: \_\_\_\_\_

Phone: : \_\_\_\_\_ Fax: \_\_\_\_\_

### DESIRED SCHEDULING TIME FRAME FOR REFERRAL

Routine: \_\_\_\_\_ Urgent: \_\_\_\_\_

### SERVICES REQUESTED

Pediatric gynecology consultation

Other \_\_\_\_\_

Vulvovaginitis

Precocious puberty

Vulvar dermatoses

Labial adhesions

Straddle injuries

Pelvic masses

Endometriosis

Congenital abnormalities  
of the reproductive tract

Menstrual irregularities

Polycystic Ovarian Syndrome

Endometriosis and Pelvic pain

Menstrual migraines

Acne assistance

Contraception

STD screening

Vulvar lesions

Developmental Delay

Myelomeningocele

IUD Placement

Transgender Care

Additional comments (if applicable): \_\_\_\_\_

**Thank you for the opportunity and privilege to care for your patient.**