



Center for Global Health – International Patient Center
4650 Sunset Blvd., MS #166, Los Angeles, CA 90027
Phone: 323.361.8737 Fax: 323.361.3878
Email: internationalpatientreferrals@chla.usc.edu

Intake Form

Thank you for considering Children’s Hospital Los Angeles for your child’s medical needs. To provide the most comprehensive care, please complete this form and return it with the documents listed below. Once this form has been completed, please return the information by fax or email.

Today’s Date: _____

I: PATIENT INFORMATION:

First Name: _____ Middle Name: _____ Last Name: _____
Date of Birth: _____
Place of Birth: _____
Male: [] Female: []
Diagnosis: _____
Symptoms: _____
Country of Residence: _____

II: FAMILY AND CONTACT INFORMATION:

Mother

First and Last Name: _____ Date of Birth: _____
Email Address: _____
Telephone Number: _____
Home Address: _____
Country of Residence: _____
Primary Language: _____

Father

First and Last Name: _____ Date of Birth: _____
Email Address: _____
Telephone Number: _____
Home Address: _____
Country of Residence: _____
Primary Language: _____

Guardian/Other Contact (if applicable)

First and Last Name: _____ Date of Birth: _____
Relation to Patient: _____
Email Address: _____
Telephone Number: _____
Home Address: _____
Country of Residence: _____
Primary Language: _____



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III: CLINICAL INFORMATION:

Physician

First and Last Name: _____

Email Address: _____

Telephone Number: _____

Is clinical information available (e.g. labs, medical reports, etc.)? Yes: No:

IV: PAYMENT INFORMATION:

Government/Embassy Sponsored: Self-Pay: Insured: Other:

If other, please explain: _____

V: TRAVEL INFORMATION:

Timeframe you plan on traveling to Los Angeles/Children’s Hospital Los Angeles: _____

VI: CHECKLIST:

Below is a list of required forms and documentation needed to begin the review process. If there are any medical records that are not available, please indicate why. Please note that all medical records must be submitted in **ENGLISH**. Our medical team may request that specific tests or evaluations be completed before visiting Children’s Hospital Los Angeles.

Required Forms and Documentation	Please Indicate: Yes, No, or Not Applicable (N/A)
1. Intake Form	
2. Consent to Release Form	
3. Current History & Physical Information	
4. Recent Laboratory and Pathology Reports	
5. Recent Radiology Reports and Films/CDs	
6. Other (Specialist Medical Reports, Summary Letter from Patient’s Primary Care Physician, etc.)	