



CHLA TRANSITION CLINIC  
Phone: 323-361-2153 Fax: 323-953-8116  
Dr. Diane Tanaka, Medical Director  
Bill Kennv, RN BSN

**REFERRAL FORM FOR COGNITIVELY INTACT YOUTH (15 YRS – 21 YRS)**

**PLEASE COMPLETE FORM AND FAX to Attn: Transition Clinic at: 323-953-8116**

Patient's Last Name: \_\_\_\_\_ First: \_\_\_\_\_ DOB: \_\_\_\_\_

MRN: \_\_\_\_\_ CCS: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Guardian Names/Relation: \_\_\_\_\_

**IMPORTANT: PARENT/CAREGIVER AWARE OF REFERRAL?**  Yes  No\*\*

**YOUTH AWARE OF REASON FOR REFERRAL?**  Yes  No

**\*\*If No, please include Youth's contact info so we can ensure confidentiality and contact them directly:**

Youth Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**REASON(S) FOR REFERRAL: Please include applicable and relevant reports and/or diagnostic tests**

- |   |   |
|---|---|
| <input type="checkbox"/> Physical Exam                              | <input type="checkbox"/> Mental Health        |
| <input type="checkbox"/> Family Pact (STI screening, birth control) | <input type="checkbox"/> Transition checklist |
| <input type="checkbox"/> Substance abuse                            | <input type="checkbox"/> Other: _____         |

Comments: \_\_\_\_\_

**REFERRING PERSON INFORMATION**

Referring Person: \_\_\_\_\_ Designation/Dept.: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Referral Date: \_\_\_\_\_

Referring Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**INSURANCE INFORMATION**

Type of Insurance:  Straight Medi-Cal  Medi-Cal Managed Care  CCS  HMO  PPO

Carrier and ID Number: \_\_\_\_\_

CCS Authorization #: \_\_\_\_\_ Medi-Cal/HMO Authorization #: \_\_\_\_\_

**\*\*PLEASE ATTACH A COPY OF AUTHORIZATION TO BE USED WITH REFERRAL\*\***

**FOR OFFICE USE ONLY**

Method of contact:  Phone call  Phone message  Letter

Appointment scheduled for: \_\_\_\_\_ with:  MD  RN

If you receive this fax in error please contact the Teen Health Center at 323-361-2153  
Any additional questions please contact the Nurse Clinician at: X13925