RWJBarnabas HEALTH
Children's Specialized Hospital
Let's be healthy together.

TOGETHER LINE INITIAL APPOINTMENT REQUEST FOR DOWN SYNDROME CENTER OF EXCELLENCE

3575 Quakerbridge Rd, Hamilton Township, NJ 08619

*Send form and documents to **Together@Childrens-specialized.org** or fax to **609.991.6145***

*For questions, call **201-243-4311***

IMPORTANT INFORMATION

The Down Syndrome Center of Excellence at Children's Specialized Hospital offers multidisciplinary evaluations with a physician specialized in Down syndrome, a physical therapist, an occupational therapist, and a speech therapist. Use this form to refer a patient for a multidisciplinary evaluation.

Please be sure to

✓*Select at **least one Diagnosis*** below
✓***Sign this form** before sending it*
✓*Attach a copy of child's insurance card, last 2 progress notes, and most recent set of bloodwork, if available.*

PATIENT INFORMATION			
Request Date		**Name**	
DOB		**Gender at Birth**	☐ Male ☐ Female
Home Address			
Select At Least One Diagnosis	☐ **Q90.9** (Down Syndrome, unspecified) ☐ **Q90.1** (Mosaic Trisomy 21)	☐ **Q90.0** (Nondisjunction Trisomy 21) ☐ **Q90.2** (Translocation Trisomy 21)	

REFERRING PROVIDER INFORMATION			
Name			
Office Address			
Telephone		**Fax**	
NPI #			
Provider's Signature			

SERVICES REQUESTED	
X	**Referral to Physical Therapy - Eval and Treat** **CPT codes: 97161/97162/97163 or 97164**
X	**Referral to Occupational Therapy - Eval and Treat** **CPT codes: 97165/97166/97167 or 97530**
X	**Referral to Speech Therapy (Communication or Feeding) - Eval and Treat** **CPT codes: 92521/92522/92523-92524 or 92610**
X	**Referral to Down Syndrome Physician Specialty Evaluation** **CPT Code: 99205 x1, 99215x1, 99417 x8**

CONTACT INFORMATION	CAREGIVER 1	CAREGIVER 2
Name		
Relationship to Patient		
Telephone Number(s)		
Email Address		
Language if not English		

INSURANCE INFORMATION (If other than patient)			
Policy Holder's Name		**DOB**	

REQUESTER INFORMATION (If different than Referring Provider)	
Name	
Email	
Telephone Number	