

1201 Burleyson Road, Dalton GA 30720  
 Phone: 706.226.8900  
 Fax: 706.226.8905

Date of Request: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Contact Number

for Parent/Guardian (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**\*\*All Care Services Require a \*Diagnosis, PCP Referral (as below) and Physician's Signature (as below)**

*Diagnosis:	*Diagnosis:
<b>Developmental/Behavioral Pediatrics</b> <input type="checkbox"/> Developmental Evaluation <input type="checkbox"/> Global delays <input type="checkbox"/> Related to genetic syndrome _____ <input type="checkbox"/> Prematurity (Birth @ _____ wks gestation) <input type="checkbox"/> ADD/ADHD Evaluation <input type="checkbox"/> Autism Evaluation <input type="checkbox"/> New Evaluation <input type="checkbox"/> Previously Diagnosed <input type="checkbox"/> Preschool Behavioral Clinic <input type="checkbox"/> Other _____	<b>Therapy Services</b> <input type="checkbox"/> Speech Therapy Evaluation <input type="checkbox"/> Delays <input type="checkbox"/> Feeding Therapy due to poor motor control <input type="checkbox"/> Physical Therapy Evaluation <input type="checkbox"/> Occupational Therapy Evaluation <input type="checkbox"/> Sensory Issues <input type="checkbox"/> Fine motor delays <input type="checkbox"/> Feeding Therapy due to food aversion <input type="checkbox"/> Other _____
Additional Information (Syndromes, Diagnostic Results of Previous Genetic Testing, etc):	

\*\*I, the Referring Physician (Please Print) \_\_\_\_\_ am referring this child to the Anna Shaw Children's Institute for the evaluation(s) and treatment(s) as selected above.

Contact Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_

\*\*Physician's Signature \_\_\_\_\_ Fax Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Additional Contact at Referring Office \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**Thank you! Your attention to detail permits our attention to be on the children and families**  
**Following completion of the initial appointment with the provider at the Anna Shaw Children's Institute, you will receive a summary letter from our office with the impression and plan for evaluations to assess this child. Following completion of the evaluations/assessments, a detailed report will be sent to the referring provider-it may take several months to receive this detailed report. The report will be sent to you as soon as it is ready.**