



Referral for Admission: 704.446.KIDS (5437)

Thank you for referring your patient to the Children's Hospital Inpatient Service (CHIPS).

Please send the following information (and/or office notes) with your patient.

Today's Date: ___ / ___ / ___ Patient Name: _____

Referring Physician: _____ Date of birth: ___ / ___ / ___

Practice / Phone #: _____ Parent contact #: _____

Reason for Referral: _____

History of Illness: _____

Past Medical History: none _____

Current Meds: none _____
(drug, dose, frequency)

Allergies: none _____
(food / drug -> reaction)

Vitals: Wt ___ (kg) Temp ___ HR ___ RR ___ BP ___ / ___ O2 Sat ___

Exam: _____

Labs: _____
(Please send a copy of pertinent labs, X-rays, and growth charts with patient if results not available in PowerChart.)

Mode of transport: private auto (stable patient) EMS (unstable patient)

Signature: _____

- A typed H&P and Discharge Summary is faxed to the PCP within 24 hours of admission/discharge.
These documents, patient vital signs, labs, imaging studies, meds, etc. are available on PowerChart.
If you need to reach the CHIPS physician, please call 704-446-KIDS.