



**Department of Pediatrics  
Developmental  
Pediatrics Clinic**

University of Kentucky  
Kentucky Clinic  
740 South Limestone  
Lexington, KY 40536-0284

Phone: 859-257-8992  
Fax: 859-218-7573

[ukhealthcare.uky.edu](http://ukhealthcare.uky.edu)

Dear Pediatric Care Provider,

The Kentucky Children's Hospital Developmental Pediatrics Clinic specializes in the assessment and care of children and youth with neurodevelopmental disorders that may require medical management.

These disorders specifically are:

- Autism spectrum disorders.
- Intellectual disabilities.
- Global developmental delay (delays in more than one area of development in the preschool child).
- Developmental difficulties associated with complex medical conditions, such as genetic disorders or congenital heart defects.
- Complex/complicated attention-deficit/hyperactivity disorder (ADHD).

Please review our referring guidelines for KCH Developmental Pediatrics Clinic accompanying this letter.

Thank you for considering us for your referral. If you have any questions, feel free to contact our office at **859-257-8992**.

Sincerely,

Developmental Pediatrics Clinic  
Kentucky Children's Hospital  
Phone: **859-257-8992**  
Fax: **859-218-7573**

# REFERRAL GUIDELINES

## DEVELOPMENTAL PEDIATRICS CLINIC

Due to the high demand for the evaluation and management of developmental-behavioral disorders, our clinic is prioritizing referral requests in order to make sure that children with the most critical needs are seen in a timely manner.

### High-priority referrals include:

- Children under the age of 5 years with documented concerns for autism, who have not yet been evaluated by a developmental-behavioral pediatrics clinic.
- Children under the age of 5 years with documented concerns for global developmental delay and behavior problems not yet evaluated by a developmental-behavioral pediatrics clinic.
- Any child identified as a student with autism by a school district or First Steps needing a formal medical evaluation/diagnosis to acquire outside services.
- School-age students with a documented formal medical diagnosis of autism, global developmental delay and/or intellectual disability requiring consultation for management.

### WE DO NOT ACCEPT REFERRALS FOR:

- **Children over the age of 12 for attention-deficit/hyperactivity disorder (ADHD):**
  - Patients age 12 or older can be referred to the Kentucky Children's Hospital Adolescent Medicine Clinic for evaluation and treatment. Please call 859-323-5643 to schedule an appointment.
- **Psychiatric disorder diagnosis and/or management including:**
  - Mood disorders, anxiety disorders, oppositional defiant disorders, bipolar disorders, obsessive compulsive disorder, and treatment for past trauma or abuse.

- Please consult your patient's insurance company for in-network psychiatric providers.
- **Isolated speech and language disorders:**
  - Patients should be referred to speech and language therapy providers.
- **Isolated motor concerns:**
  - Patients should be referred to occupational and/or physical therapy providers.
- **Specific learning disorders including:**
  - Dyslexia, mathematics disorder and or written expression disorder.
  - Please refer your patient to his/her local school district for assessment and intervention.
- **Behavioral problems not related to a neurodevelopmental disorder including:**
  - Pica, isolated sleep disorder, isolated sensory concerns, isolated toilet training difficulties, enuresis, encopresis and/or tantrums.
  - Please refer your patient to a local mental health provider or behavioral therapist.

The Developmental Pediatrics Clinic only accepts or follows patients until the age of 18. Older adolescents needing developmental-behavioral services can be referred to the Neurodevelopmental Clinic at UK Psychiatry [Phone number: 859-323-6021]. UK Psychiatry accepts referrals directly from the patient's family.

### KENTUCKY CHILDREN'S HOSPITAL DEVELOPMENTAL PEDIATRICS CLINIC REFERRAL PROCESS

- Referring provider completes the Developmental Pediatrics Clinic Referral Form (please call 859-257-8992 or Fax 859-218-7573 to request forms).
- Provider faxes the Developmental Pediatrics Clinic Referral Form to 859-218-7573.

- Referral Form and documentation reviewed. Additional information may be requested. If there are clear indications that the referral is outside the scope of practice of our clinic, we will notify the referring provider.

Supporting documentation that is critical for referral review and triage includes:

- Documentation of referring provider's developmental-behavioral concerns including specific office notes, previous evaluations, treatments and medication history.
- *Autism spectrum disorder*: MCHAT or Social Communication Questionnaire
- *Global developmental delay*: Developmental screens (Ages and Stages Questionnaire, PEDS, etc.)
- *ADHD*: Vanderbilt or Conner Behavior Rating Scales
- *For children with previous school evaluations*: IEP, 504 plan documents, Integrated Reports (IQ testing, psychoeducational evaluations, school academic testing, etc.)
- The referring provider's office will be notified if the initial referral is accepted for ongoing review. A Developmental Pediatrics Clinic New Patient Packet including a New Patient Questionnaire will be sent to the patient family. This packet must be completed by a parent or guardian and returned to our office. **An appointment will not be offered until this packet is returned and reviewed.**
- If referral is not accepted, the referring provider's office will be notified.
- When the Developmental Pediatrics Clinic New Patient Packet is returned by the parent or guardian, the packet will be reviewed.
  - **If the referral is accepted, the parent or guardian will be contacted and an appointment will be scheduled. The referring provider will be notified of the patient appointment date and time.**

- When the Developmental Pediatrics Clinic New Patient Packet is reviewed and there are clear indications that the referral is outside the scope of practice of our clinic, we will notify the referring provider.

- Children meeting the high-priority criteria will be put on the priority waiting list.
- Children accepted for assessment/consultation but not placed on the priority waiting list will be placed on a non-priority waiting/cancellation list.
- **Families that fail to show for initial appointments, that cancel with less than 24-hour notice or that check in more than 15 minutes late to their appointment (and are subsequently asked to reschedule) may be placed at the end of the non-priority waiting/cancellation list.**

If the child is in need of psychiatric mental health treatment and/or diagnosis, we encourage families to consult their health insurance provider for a list of in-network providers in their area. If they prefer to be seen in Lexington, they can be referred to UK Psychiatry. UK Psychiatry accepts referrals directly from the patient's family. Appointments can be made with UK Psychiatry by phone at **859-323-6021**.



**Developmental Behavioral Clinic Referral Form**

Patient Information

Patient Name: \_\_\_\_\_ Patient Date of Birth: \_\_\_\_\_

Parent/Guardian Information

Parent/Guardian's Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

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

Patient Insurance (may also include copy of insurance card or demographic sheet)

Name of Patient Insurance: \_\_\_\_\_

Group Number: \_\_\_\_\_ Member ID Number: \_\_\_\_\_

Primary Insured Party: \_\_\_\_\_ Guarantor: \_\_\_\_\_

Primary Insured Party Name & Date of Birth \_\_\_\_\_

Medical Provider Referral Information

Name of Referring Physician/Provider/Practice: \_\_\_\_\_

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

Practice Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Name of Primary Care Provider (If Different from Referring) \_\_\_\_\_

**For Referring Physician/Provider to Complete**

Reason For Referral (Please Check All That Apply):

Preschool child (< 5 years) with concern for autism. Please send M-CHAT and documentation of behavior concerns.

Child with nonmedical autism diagnosis (school, First Steps, etc.) in need of medical evaluation. Please send school evaluations, IEP, Integrated Report, etc.

Child with documented medical diagnosis of autism needing management/consultation. Please send diagnostic evaluations and documentation of specific concerns.

Preschool child with concern for global developmental delay/delays in multiple developmental skills. Please send documentation of developmental delays.

Child with developmental disorder (autism, ADHD, intellectual disability) in need of medical or behavioral consultation.

Child <12 years with complicated ADHD concerns.

School-aged child between 5-12 years with uncomplicated ADHD concerns.

Other reason for seeking developmental-behavioral consultation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please fax this form, in addition to specific office notes and documents that support referral concern, to:  
**Kentucky Children's Hospital Developmental Pediatrics Clinic Fax # 859-218-7573**