Arkansas Children’s Hospital
1 Children’s Way, Slot
Little Rock, AR 72202
Office phone: 501-364-3030
Office Fax: 501-364-4264

Referral Criteria: (patient must meet at least one of three items listed)

1. Child has at least two medically complex conditions and is being followed by at least two pediatric subspecialist: Yes ☐ No ☐

2. Child has at least two of the following (please indicate the conditions):
   Yes ☐ No ☐
   • Dependent on special medical technology, i.e. G-tube or other tube feedings, oxygen/other respiratory support needed ☐
   • Born with extremely low birth weight and preterm <=1250 grams, <=32 weeks gestation ☐
   • Congenital syndrome/anomalies/disease or chromosome abnormality ☐
   • Significant neurodevelopmental disabilities ☐

3. Child’s mother tested positive for the ZIKA virus during pregnancy referring for surveillance and care if needed ☐

Prior to initial visit to the complex care clinic we must have:
Documented CO-authority agreement between the Complex Care Clinic and the child’s assigned PCP for all Medicaid patients.

Referral source Click here to enter text. PCP Click here to enter text.

PCP address: Click here to enter text. City Click here to enter text.

Zip: Click here to enter text. Phone: Click here to enter text. Fax Click here to enter text.
Patient Name: Click here to enter text.  DOB: Click here to enter text.

ACH# (If Applicable) Click here to enter text.

Parent/Caregiver Name: Click here to enter text.

Patient Address: Click here to enter text.

City  Click here to enter text.  State  Click here to enter text.  Zip  Click here to enter text.

Phone# Click here to enter text.  Cell# Click here to enter text.  Message# Click here to enter text.

Reason for Referral: (What can our program do for this patient?)
Click here to enter text.

Subspecialty Services:
Click here to enter text.

Please include the following information with this referral:

- Medicaid number included on referral for PCP co-authority
- Insurance information
- Documentation of weights, lengths, and head circumference
- Documentation of well child check-ups
- Any additional medical documentation