CookChildren's

Partnering connects us.

When you refer your patient to one of our specialists, you can trust they will receive care designed just for them. "Together" is the best way to shape treatment plans for the child.

Use our paperless portal to send referrals!
epiccarelink.cookchildrens.org

Date

Patient name DOB

Address

Guardian name

Contact numbers Work Home Mobile

Referring physician Phone Fax

☐ Primary insurance information attached

Preferred language Preferred office location

Referral coordinator name Coordinator phone Coordinator fax

Reason for referral

Please note the specific problem. If this is an urgent referral, please call the specialty requested.

Specialty and/or service requested

Physician signature Date

When you fax this form, please include a copy of the patient's insurance card, labs, imaging, history and patient demographics.

If this is an urgent referral, please call our specialty clinics directly. Phone and fax numbers can be found by clicking here.