

Pre-visit Record Request

Please send in 2 weeks prior to clinic appointment

- Intake Form
- Growth Charts
- Genetic Testing (all ever done on child)
- Copy of child's insurance/medicaid card(s)
- Recent school IEP or equivalent- if done and age appropriate
- Copy of the following records (if done)
 - MRI's of Brain (all done)- report and discs
 - Skeletal spine survey- most recent- report and disc
 - CT of Spine- most recent- report and disc
 - CT of Brain- most recent- report and disc
 - Ophthalmology Exam- Last 3 visits
 - Audiology Exam- Last visit
 - EKG- last done
 - Ultrasound of Kidneys/Abdomen- last done- report and disc
 - Developmental Evaluation or Autism work up- report
 - Neurology Provider notes- last 3 visits
 - EEG (all done)- report and discs
 - Swallow study- report and disc
 - Any therapy notes you feel team should see

These can be emailed to: BNDP@childrenscolorado.org

OR faxed to:

Attn: Tristen RN

Fax- 720-478-7103

OR mailed to:

Tristen Dinkel, RN

Children's Hospital Colorado

13123 E. 16th Ave. B-155

Aurora CO 80045

Please feel free to email or call with any questions.

720-777-7453

