

## Pre-visit Record Request

### Please send in 2 weeks prior to clinic appointment

- Intake Form (sent in your child's Mychart account) **required for the appointment**
- Genetic Testing (all ever done on child) **required for the appointment**
- Copy of child's insurance/medicaid card(s) **required for the appointment**
- Referral to the Neurogenetic MDC Clinic from your child's Pediatrician or Neurologist
- Growth Charts
- 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 2 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](mailto:BNDP@childrenscolorado.org)

OR faxed to:

Attn: Ryleigh, RN

Fax- 720-478-7103

OR mailed to:

Ryleigh VandenBroeke, RN

Children's Hospital Colorado

13123 E. 16<sup>th</sup> Ave. B-155

Aurora CO 80045

Please feel free to email or call with any questions.

720-777-7453

