Boston Children's Hospital
NICU Growth and Developmental Support Program

HARVARD MEDICAL SCHOOL TEACHING HOSPITAL

NICU Growth and Developmental Support Program Referral Form

Please fax referral form to NICU GraDS Program Coordinator – Yara Monteiro
Phone: (617) 355-6622 Fax: (617) 730-4681, BCH Pager: (617) 355-7243 ID 6011
Email: NICUGraDS@childrens.harvard.edu

Appointment should be scheduled prior to discharge or transfer. Discharge summary should be faxed when available, but does not need to be faxed at the same time as the referral form.

Infant's name in hospital:_____ after discharge:_____

If multiples, list name of siblings and their disposition:_____

DOB:_____ GA:_____ weeks_____ days BW:_____ MRN:_____

Eligibility Criteria:

☐ Premature infants born <32 weeks or <1500g birth weight
☐ Infants born between 32-35 weeks with at least one diagnosis listed below:
☐ IVH (grade) ☐ White matter injury (PVL) ☐ IUGR ☐ Surgical NEC
☐ Surgical PDA ☐ Discharged home on O2 ☐ G-tube or NG feedings at discharge
☐ Severe ROP ☐ Psychosocial concerns (maternal age <21, other)_____

☐ Infants with a genetic diagnosis identified for follow up with Dr. Monica Wojcik/Genetics/NICU GraDS– contact monica.wojcik@childrens.harvard.edu for questions

Referring Hospital/Provider: _____

Hospital of birth:_____ Tentative discharge /transfer Date: _____
To: ☐ Home ☐ Level II:_____

Family/Follow-up Information

Parents' first and last names: _____

Best way to contact- Phone:_____Email :_____
Interpreter needed? ☐ Yes ☐ No; If so, what Language:_____

Legal Guardian other than parent ☐ no ☐ yes First and last name:_____
Best way to contact phone:_____Email _____
DCF Custody ☐ no ☐ yes Contact name:_____
Best way to contact phone:_____Email _____

Early Intervention Program_____

I, the parent/guardian of _____authorize the release of a copy of my child's discharge summary and other pertinent medical records to Dr. Jane Stewart, Clinical Director, NICU GraDS Program, Boston Children's Hospital, Fegan Building, 10th Floor, 300 Longwood Avenue, Boston, MA 02115.

_____ _____ _____

Print Name Sign Date