Division of Child Psychiatry
601 Children's Lane
Norfolk, VA 23507
757.668.8866
757.668.8870 Fax

Children's Hospital of The King's Daughters Health System

Child Psychiatric Consultation Clinic

Peter M. Dozier, M.D., Director
Mary D. Kittle, PMHNP
Renauda Lewis, Practice Manager
Debbie Hurt, Office Coordinator
Keyanda Thompson, LPN

1. Defining Who We See

☐ Suspected comorbidity of at least 2 major psychiatric disorders (e.g., ADHD & Anxiety)
☐ Suspected or diagnosed Bipolar Disorder or Schizophrenia
☐ Any psychiatric disorder which has not responded to adequate treatment efforts
☐ Any psychiatric disorder in a child 2 to 5 years old

2. Follow-up Care – Check ☐ Yes ☐ No

After completion of our psychiatric consultation, will your practice be willing to manage this child's psychiatric medications, given the following circumstances?

1. The child's condition is improved & stable
2. Psychotropic medications are stable
3. We are available for advice
4. We will re-consult at your request

3. What therapy interventions have been attempted?

☐ None
☐ Individual / Family Therapy
☐ Psychotropic Medications
☐ Psychiatric Inpatient / Residential Care

4. Please estimate allowable wait time (We do not provide emergency care)

☐ Can wait 8 weeks or more
☐ Should be seen in 4 to 8 weeks (We will attempt but cannot guarantee an appointment)

5. Do you understand that we have one child psychiatrist and one child nurse practitioner, and we must schedule visits with either provider based on availability and presentation? ☐ Yes

6. Referral Data

Referring Physician	Child's Name
Practice Name	☐ Girl ☐ Boy Age City of Residence
Office Contact	Parent's Name
Phone Fax	Phone

7. What question(s) can we address in providing the consultation?

8. Please fax the completed form to 757-668-8870.

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Response to Attached Referral

Today's Date

Referral Data

Referring Physician

Regarding Your Request for Consultation for

Child's Name

Please

- ☐ Ask the parents to call us to schedule evaluation sessions
- ☐ Advise parents to ask to be put on waiting list for first available (pending a cancellation)
- ☐ Email Dr. Dozier a summary of your concerns and he will contact you with advice
- ☐ Consider referral to outpatient therapist for therapy
- ☐ Consider referral for in-home therapy services
- ☐ Consider referral of child to a psychologist for formal testing
- ☐ See attached list of providers
- ☐ Understand that we do not provide emergency services

Note

(Psychiatry Office Use)

First attempt to call parent/guardian:
- ☐ Scheduled appointment for:
- ☐ No answer/busy signal
- ☐ Left message with:

Second attempt to call parent/guardian:
- ☐ Scheduled appointment for:
- ☐ No answer/busy signal
- ☐ Left message with: