



University Developmental Assessment Clinics (UDAC) Referral Form
NEONATAL FOLLOW-UP PROGRAM

Patient Name _____

DOB _____ Gestational age _____ weeks Sex _____

Parent/Guardian Names _____

Adopted/Foster care

Parent/Guardian Contact phone _____

Birth Hospital _____ Referring Hospital (if different from Birth Hospital) _____

Apgars:

1 min _____

5 min _____

10 min _____

Reason for Referral: (Please check all that apply)

- Birth weight of \leq 1250
- Gestational age of \leq 26 weeks
- Required ECMO support
- HIE (Hypoxic Ischemic Encephalopathy) Cooling therapy initiated? Y N
- Other (please explain)

Referral Completed by _____

PLEASE FAX THIS COMPLETED FORM TO 801-585-2209. INCLUDE DISCHARGE SUMMARY AND DEMOGRAPHIC'S

UDAC PHONE NUMBER: 801-587-2255

ADDRESS: 81 N. MARIO CAPECCHI DRIVE, SLC, UT 84113. Patients are seen at our SLC and Provo locations.

University Developmental Assessment Clinics
Eccles Primary Children's Outpatient Building
81 North Mario Capecchi Drive
Salt Lake City, Utah 84113
Phone (801) 587-2255
Fax (801) 585-2209