



Child and Family Guidance and Consultation

Consultation and Referral Information



Our team provides consultation directed at diagnostic clarification and treatment recommendation. We partner with the family to obtain a history of behavior, emotion and function with attention to genetic, medical, developmental, educational, social and family factors. Our psychologists specifically assess complex cases that involved two or more conditions, such as mood, trauma, attachment, autism/developmental delay, anxiety, executive functioning and environmental factors. Our goal is to assist the family by collaborating with their primary care provider to evaluate and treat children suffering from mental illness. Therefore, instead of seeing children for ongoing care, we provide outpatient consultation through a series of visits to diagnose, make treatment recommendations and where indicated, initiate medical treatment. We also offer telephone consultation to the child's primary care provider and can help parents locate appropriate care if needed.

[Meet Our Team of Specialists and Get Directions to Our Office](#)

WHAT	work-up is needed prior to an appointment?	The pre-referral work-up includes the completion of a consultation request form by a primary care physician or a referring physician; self-referrals are not accepted.
WHEN	will my patient be able to obtain an appointment?	Your patient's estimated wait time for an appointment is approximately 6 weeks, but could vary depending on location.
WHERE	will my patient be seen?	The Child and Family Guidance and Consultation office is located at CHKD (Norfolk).
HOW	can I refer my patient for Psychiatric Services?	Urgent Consultations (Providers): (757) 668-9999 (Doctor's Direct) Non-Urgent Referrals (Providers): (757) 668-8866 Fax (Providers): (757) 668-8870 Scheduling (Families): (757) 668-8866

Division of Child and Family
Guidance & Consultation
601 Children's Lane
Norfolk, VA 23507
757.668.8866
757.668.8870 Fax
Email: psychiatry@chkd.org

Peter M. Dozier, M.D., Director
Mary D. Kittle, PMHNP
James F. Paulson, Ph.D., Psychologist
Diana W. Schofield, Psy.D., Psychologist
Renauda Lewis, Practice Manager
Debbie Hurt, Office Coordinator
Keyanda Thompson, LPN
Katelyn Hale, Medical Technician

Referral to Child Psychiatric Consultation Clinic

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 under 6 years old

2. Follow-up Care Yes No

After completion of our consultation, do you agree to manage this child's psychiatric medications, if

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

3. What therapy interventions have been attempted?

- | | |
|--|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Psychotropic Medications |
| <input type="checkbox"/> Individual / Family Therapy | <input type="checkbox"/> Psychiatric Inpatient / Residential Care |

4. Referral Data

Referring Physician	Child's Name
Practice Name	<input type="checkbox"/> Girl Age City of Residence <input type="checkbox"/> Boy
Office Contact	Parent's Name
Phone Fax	Phone

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

.....

.....

.....

.....

.....

.....

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

Updated March 2015