

**Texas Child Health Access Through Telemedicine (TCHATT)
UT Health San Antonio**

STUDENT REFERRAL FORM, 2021-2022

FAX TO 210-450-2450

OR

UTHSCSA UPLOAD FOLDER: https://bit.ly/TCHATT_SA_ReferralSubmit

If an Urgent Case, please call Clinical Coordinator at 210-567-5460

***ALL FIELDS REQUIRED**

Student's Name:					
Date of Birth:		Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male	Grade:	
Ethnicity:	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Race:	<input type="checkbox"/> American Indian and Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander		
School District:		School:			
Parent/Guardian Name:			Relationship:		
Family Address:		<i>City/State:</i>		<i>ZIP Code:</i>	
Parent Cell Phone:		Home Phone:			
Parent Email:		Work Phone:			
Preferred Language (Parent/Guardian):	<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Other:		

General Description of Student Issues:

Request for Consultation between school staff and TCHATT team.

Please describe consultation question:

Referral completed by:		Phone:		Email:	
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