

Physician Referral and Input

TO: _____

Physician Name
Physician Address
Phone Number

Fax Number

FROM: _____

Contact Person
Name of Program
Address of Program
Phone Number

Fax Number

DATE: _____

RE: _____

Child's Name

_____ DOB

Your patient has been referred to us by _____ for a multidisciplinary team evaluation to determine eligibility for Part C Early Intervention Services as well as for the development of the Individualized Family Service Plan (IFSP) if he/she qualifies for services.

- The evaluation will include the following areas of development: cognitive, expressive and receptive communication, gross and fine motor, social/emotional and adaptive. Please forward a summary of this child's medical history and health status. If you have records of vision and/or hearing assessments, please forward those also as well as any other information that you feel would be helpful.***
- In order to proceed with the multidisciplinary evaluation, a physician's order is required for the following:***

_____ Physical Therapy Evaluation
_____ Speech/Language Evaluation

_____ Occupational Therapy Evaluation
_____ Other (please specify)

If you agree, please complete and sign the following:

Physician Signature

Date:

- Please let us know how you would like to participate in the development of the IFSP.***

_____ I would like to attend the meeting. Please notify me of the date, time and location of the meeting.

_____ I would like to participate by phone. Please notify me of the date and time of the meeting and the number to call

_____ I would like to provide input in writing.

Please fax this completed form (and the requested information) to the name and program listed above to authorize these evaluations and to indicate your desired participation in the multidisciplinary evaluation and

development of the Individualized Family Service Plan. Please call if you have questions or additional information. Thank you for your attention to this request!

A copy of the IFSP will be sent to you for your review.