

HMG Physician Referral Feedback Form

Thank you for contacting the Help Me Grow Early Intervention program on behalf of your patient. We are providing you with the following information regarding your recent referral:

INITIAL REFERRAL FEEDBACK TO BE COMPLETED WITHIN 10 DAYS

Form to be completed by service coordinator and submitted to referral source

Date: _____ ATTENTION: _____

Date of initial referral: _____ County: _____

Service Coordinator: _____ Service Coordination Agency: _____

Phone # (____) _____ Fax # (____) _____ Email: _____

Name of child referred: _____ DOB: ____/____/____

Name of parent/caregiver: _____ Relationship: _____

Date of initial contact with family: ____/____/____ Number of attempts: _____

Means used: Phone call Letter Home Visit

Referral Status:

- Family agreed to evaluation and assessment
- Family declined evaluation and assessment
- We have been unable to contact family

THIS PORTION COMPLETED BY SERVICE COORDINATOR AFTER EVALUATION/ ASSESSMENT COMPLETED, THEN SUBMITTED TO REFERRING PHYSICIAN WITHIN 45 DAYS OF REFERRAL

Date: _____ ATTENTION: _____

Date of Evaluation: _____

Evaluation and Assessment Outcome:

- Family visited and are eligible for Help Me Grow Services
- Family visited and eligible for Early Intervention Services
- Family visited and was not eligible for services. Reason: _____
- Family declined services
- Family did not attend scheduled evaluation and have been unable to contact for rescheduling
- Family referred to Health Department for Public Health Nursing Services:
 - Health Department : _____ Phone #: (____) _____
- Referral made to : _____ Phone #: (____) _____
- Referral made to : _____ Phone #: (____) _____
- Referral made to : _____ Phone #: (____) _____
- Family connect to family support services
- IFSP completed. Date of next review: ____/____/____
- Interpreter/Translation services provided
- Information about trainings and support groups shared
- Additional comments/information: _____
- One – page evaluation summary attached**

Signature: _____ Phone#: (____) _____