



Healthy Development Services Referral Form

Please fax referrals to regional lead fax numbers listed below.
See list of zip codes for regional boundaries on back.

Central: (619) 544-0308 **East:** (619) 444-0884 **North Central:** (858) 966-6734 **North Coastal:** (858) 259-3570 **North Inland:** (760) 739-2333 **South:** (619) 420-8722

REFERRING AGENCY/PROGRAM INFORMATION (Please ensure this section is complete so we can contact you.)

Referral Date: _____ Referring Agency: _____
Phone Number: _____ Fax Number: _____
Contact Name: _____ Contact's Email Address: _____

CHILD'S INFORMATION

Child's Last Name: _____ Child's First Name: _____ DOB: _____
Address: _____ City: _____ Zip: _____
Is this child enrolled in a QPI session? Yes No Unknown
Name of School: _____ Name of teacher: _____
(If applicable) (If different from referring party)

PARENT/CAREGIVER'S INFORMATION

Parent/Caregiver's Last Name: _____ Parent/Caregiver's First Name: _____
Language: _____ Telephone: _____ Alternate Telephone: _____
Relationship to Child: _____

INDICATE ANY COMPLETED SCREENINGS/ASSESSMENTS (Please check all that apply and attach summary results.)

ASQ ASQ-SE-2 CBCL DECA HELP MCHAT Other (please specify): _____

AREA(S) OF CONCERN (Please list any behavioral, developmental, and/or any other concerns regarding this child.)

<p align="center">Consent for Release of Information</p> <p>I, _____ (print name) authorize the organizations listed above to contact me regarding the child listed above for the purposes of delivering the services requested. I understand that this release includes exchanging only the information listed here as it pertains to coordinating this referral.</p> <p align="right"><input type="checkbox"/> Verbal Consent</p>	<p align="center">Autorización Para Dar y Recibir Información</p> <p>Yo, _____ (nombre en letra de molde) autorizo a las agencias indicadas que se comuniquen conmigo sobre los servicios requerido relacionados para el niño nombrado en este documento. Entiendo que con este documento doy permiso para intercambiar solamente la información indcada, perteneciente a la coordinación de servicios para el niño.</p> <p align="right"><input type="checkbox"/> Autorización Verbal</p>
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Section Below to be completed by Recipient
Recipient will confirm receipt of referral within **3 business days** and will provide a referral status within **30 days**

Date Faxed: _____ To: _____
From: _____ Title: _____ Tel. _____ Email: _____
Initiated HDS Services YES NO

<p>REFERRAL STATUS</p> <p><input type="checkbox"/> 1st attempt: <input type="checkbox"/> 2nd attempt: <input type="checkbox"/> Referring Party Contacted: <input type="checkbox"/> Letter mailed:</p>	<p align="center">30 DAY REFERRAL STATUS UPDATE</p> <p>No, services not initiated because:</p> <p><input type="checkbox"/> Family declined <input type="checkbox"/> Unable to locate or contact family <input type="checkbox"/> Child did not meet eligibility criteria - Referred to: _____ <input type="checkbox"/> Other: _____</p> <p>Yes, services initiated:</p> <p><input type="checkbox"/> Family Intake completed on: _____ <input type="checkbox"/> Developmental Assessment sched./completed on: _____ <input type="checkbox"/> Areas of identified concerns: <input type="checkbox"/> Speech/Language <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Behavior</p>
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NOTES



Healthy Development Services

Regional Boundaries by Zip Code

Please use this chart to identify the region where the family resides.

If you have questions, please call the phone numbers listed below to reach Intake Staff or a Care Coordinator.

Rady Children's Hospital - San Diego				Palomar Health		South Bay Community Services		Family Health Centers of San Diego			
T: 858-966-7510		T: 858-966-8235		T: 877-504-2299		T: 619-495-8248		T: 619-515-2406		T: 619-515-2463	
North Central		North Coastal		North Inland		South		Central		East	
92037	92121	92007	92057	92003	92066	91902	91950	92101	92115	91901	91948
92093	92122	92008	92058	92004	92069	91910	92118	92102	92116	91905	91962
92106	92123	92009	92067	92025	92070	91911	92135	92103	92134	91906	91963
92107	92124	92010	92075	92026	92078	91913	92154	92104	92136	91916	91977
92108	92126	92011	92081	92027	92082	91914	92155	92105	92139	91917	91978
92109	92130	92014	92083	92028	92086	91915	92173	92113	92182	91931	91980
92110	92131	92024	92084	92029	92096	91932		92114		91934	92019
92111	92133	92054	92091	92036	92127					91935	92020
92117	92140	92055	92672	92059	92128					91941	92021
92119	92145	92056		92060	92129					91942	92040
92120	92161			92061	92259					91945	92071
				92064	92536						
				92065							