



Healthy Development Services Referral Form

Please send completed Referral Form to regional lead fax numbers OR email addresses listed below. See back for list of zip codes with regional boundaries.

Central: Fax: (619) 544-0308	East: Fax: (619) 444-0884	South: Fax: (619) 420-8722 hdsc@csbcs.org
North Central: Fax: (858) 966-6734 NorthCentralHealthyDevSer@rchsd.org	North Coastal: Fax: 858-966-8405 NorthCoastalHealthDevServ@rchsd.org	North Inland: Fax: (760) 739-2333 HDS@palomarhealth.org

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

Referral Date: _____ Referring Agency: _____
 Telephone 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 SDQPI 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: _____ Email Address: _____

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

ASQ-3 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 HDS 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>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 telephone 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					
Tel: 858-966-7510		Tel: 858-966-8235		Tel: 877-504-2299		Tel: 619-495-8248		Tel: 619-515-2406		Tel: 619-515-2463	
North Central		North Coastal		North Inland		South		Central		East	
92037	92126	92007	92067	92003	92070	91902	92153	92101	92162	91901	91976
92038	92130	92008	92068	92004	92074	91908	92154	92102	92163	91903	91977
92039	92131	92009	92075	92025	92078	91909	92155	92103	92164	91905	91978
92092	92140	92010	92081	92026	92079	91910	92173	92104	92165	91906	91979
92093	92142	92011	92083	92027	92081	91911	92178	92105	92166	91916	91980
92106	92145	92013	92084	92028	92082	91912	92179	92112	92167	91917	92019
92107	92152	92014	92085	92029	92086	91913		92113	92170	91931	92020
92108	92159	92018	92091	92030	92088	91914		92114	92171	91934	92021
92109	92160	92023	92672	92033	92096	91915		92115	92174	91935	92022
92110	92161	92024		92036	92127	91921		92116	92175	91941	92040
92111	92168	92049		92046	92128	91932		92132	92176	91942	92071
92117	92169	92051		92059	92129	91933		92134	92182	91943	92072
92119	92177	92052		92060	92150	91947		92136	92190	91944	
92120	92186	92054		92061	92172	91950		92137		91945	
92121	92191	92055		92064	92197	91951		92138		91946	
92122	92192	92056		92065	92198	92118		92139		91948	
92123	92193	92057		92066	92199	92135		92147		91962	
92124	92196	92058		92069	92536	92143		92149		91963	