



## Providence Children's Development Institute Referral Form

Patient and Referring Provider Information:	
Patient Name:	Date of birth:
Address:	City/State:
Insurance Name/ID #:	
Parent:	Preferred language:
Guardian ( <i>if different than parent</i> ) or Caseworker (DHS custody):	
Preferred phone:	Secondary phone:
Preferred language:	
Referring Provider name:	Referring Provider phone:

Information to Include with Referrals:
<p>Provide the following to ensure timely processing of your referral:</p> <ul style="list-style-type: none"> <li>• ICD.10 code; Chart notes, including a PCP visit documenting the referral concerns within the last four months</li> <li>• Patient demographics, including updated insurance coverage</li> <li>• Growth chart for all referrals unless available in Epic</li> <li>• Results from any screening tests performed (ASQ, MCHAT, CAST, SWYC, POSI).</li> </ul> <p>If available:</p> <ul style="list-style-type: none"> <li>• Include educational testing reports, including eligibility for EI/ESCE/IEP/IFSP/504 services</li> <li>• Fax any related documents that have not been scanned into our EMR as they are not viewable on our Epic platform</li> </ul> <p>The above:    <input type="checkbox"/> Have been faxed    <input type="checkbox"/> Are available in Epic</p>

Referred Services:
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> <b>I approve assessments per intake</b>  <input type="checkbox"/> Developmental Pediatrics MD/NP  <input type="checkbox"/> Physical Therapy  <input type="checkbox"/> Audiology              Occupational Therapy                  <input type="checkbox"/> Fine/Visual Motor                  <input type="checkbox"/> Sensory/Regulation       </div> <div style="width: 45%;">         Speech-Language Therapy  <input type="checkbox"/> Augmentative Communication  <input type="checkbox"/> Articulation  <input type="checkbox"/> Stuttering  <input type="checkbox"/> Language  <input type="checkbox"/> Feeding Therapy (OT or Speech)  <input type="checkbox"/> Dietitian       </div> </div>

Locations:	
<b>Providence St Vincent</b> Ph: 503-216-2339 Fax: 503-216-6813	<b>Providence Child Center</b> Ph: 503-216-2339 Fax: 503-215-2456

Visit [Children's Health Provider Resources | Providence](#) to see scope of service