Phone: (888) 510-1211
Fax: (510) 927-3117

Help Me Grow
Alameda County

# PEDIATRIC PROVIDER REFERRAL FORM

*Please attach the ASQ, ASQ:SE, M-CHAT or other screening tools and any authorization forms (if available)*

**Has the family agreed to this referral?** Yes ☐ No ☐

## REFERRING PROVIDER INFORMATION (INDIVIDUAL WHO WILL RECEIVE PROVIDER FEEDBACK)

| Referral Date | Referral Site Name | Referring Provider Name | | Title |
|---|---|---|---|---|
| Address | | Unit | City | Zip Code |
| Phone Number ( ) -- | | Fax Number ( ) -- | | |

Did you refer child/family to (check all that apply):
☐ Regional Center of the East Bay (Date Submitted: _____) ☐ EPSDT Mental Health Services (Date Submitted: _____)
☐ SELPA/School District (Date Submitted: _____) ☐ Other: _____ (Date Submitted: _____)

## CHILD'S INFORMATION

| Child's Last Name | Child's First Name | DOB | Gender ☐F ☐M |
|---|---|---|---|
| Address | Unit | City | Zip Code |
| Child's Health Insurance (if known): | | | |

## PARENT / CARETAKER'S INFORMATION

| Parent/Caregiver Last Name | Parent/Caregiver First Name | Relationship to Child | Language(s) Spoken |
|---|---|---|---|
| Best Phone (check one) ☐ Home ☐ Work ☐ Cell ( ) --- | | Other Phone (check one) ☐ Home ☐ Work ☐ Cell ( ) --- | |
| Email | | | |
| Parent/Caregiver Last Name | Parent/Caregiver First Name | Relationship to Child | Language(s) Spoken |
| Best Phone (check one) ☐ Home ☐ Work ☐ Cell ( ) --- | | Other Phone (check one) ☐ Home ☐ Work ☐ Cell ( ) --- | |
| Email | | | |

## REASONS FOR CONCERN/REFERRAL (CHECK ALL THAT APPLY)

| DEVELOPMENT | BEHAVIOR AND FAMILY | HEALTH AND GENERAL SUPPORT |
|---|---|---|
| ☐ Age-appropriate adaptive skills | ☐ Behavioral Concerns | ☐ Basic Needs |
| ☐ Cognitive/Learning | ☐ High Family Stress | ☐ Child Care |
| ☐ Communication/Language Development | ☐ Parent-Child Relationship | ☐ Community Resources/Information |
| ☐ Fine Motor | ☐ Parent Support and Education | ☐ Health/Medical |
| ☐ General Developmental Guidance | ☐ Sensory Concerns | ☐ Hearing/Audiology |
| ☐ Gross Motor | ☐ Social Skills/Social Emotional | ☐ Vision |
| | ☐ Trauma/Adverse Childhood Experiences-**SCORE**_____ | |

☐ Other:

## OTHER COMMENTS/NOTES/REASONS FOR REFERRING TO HELP ME GROW: