Early Start Referral Form

Referral Phone Line: 510-618-6195
Referral eFax: 510-678-4156, Attn: EI Intake
Referral Fax: 510-618-7763, Attn: EI Intake
Referral Email: earlystartreferrals@rceb.org

Demographics:

Child's Name:		DOB:	
AKA:			
Gender:	☐ Male ☐ Female	Ethnicity	
Lives with:	☐ Parent ☐ Legal Guardian ☐ Foster Family ☐ Other:		

Referral Source:		**Phone:**	

Can the outcome of this Referral be shared with the Referral Source?: ☐ No ☐ Yes

Consent:

Verbal consent has been obtained from parent/legal guardian for the Referral of Child to the Early Start Program at Regional Center of the East Bay ☐ No ☐ Yes

Caregivers Contact:

Name:		Name:	
Phone:		Phone:	
Address:		Child Live w/Both Parents	☐ No ☐ Yes
Email:		Best time to call:	

Other Caregiver/Contact:

Name:		Phone:	
Relationship:		Email:	
Address:			

Primary Language:		**Secondary Language:**	
Interpreter Needed:	☐ No ☐ Yes	Interpreter Available? If yes, when?	☐ No ☐ Yes
Interpreter Name:		Interpreter Phone:	

Is Child Court Dependent: **☐ No ☐ Yes**

CF Social Worker:				Address:	
Phone:		Fax:		Email:	

Birth and Medical Information:

Gestational age:		Birth Weight:		Apgars:	
Birth Status:	☐ Vaginal ☐ Cesarean	Birth & Pregnancy Complications:			

Hospital Born in:		**City, State:**	
Transferred? (Hospital):		NICU?	☐ No ☐ Yes
Length of Stay:		Discharge date:	

Health Insurance:		MRN:	
Pediatrician:		Phone:	

Current Health Status:

Medical Diagnosis?	☐ No ☐ Yes	Specify:	
Genetic Syndrome?	☐ No ☐ Yes	Specify?	

History of Services/Evaluations/Referrals/Agencies Involved:

Relevant Documentation Included:

☐ Current Medical Records	☐ Discharge Summary	☐ Genetic Report	☐ Developmental Report	☐ Speech, PT, OT Reports

Summary of Need/Caregiver Concerns: Please describe any concerns for the child in each area of development, and how those concerns are interfering with their development. Are there concerns with their behavior, how they relate to others, how they communicate, or how they use their environment to solve problems? Are they able to hold a bottle or cup? Can they finger feed? All areas do not need to be completed, and only one area of concern is needed to move forward.

☐ Concerns:	
☐ Communication:	
☐ Social Emotional:	
☐ Cognitive:	
☐ Physical:	
☐ Self-Help/Adaptive:	
☐ Other:	

The Information Below is Not Required

Potential Eligibility Criteria/*Eligibility to be determined by Assessment Team*:

☐ Infant with established risk condition resulting in developmental disability. (i.e. Down Syndrome, Cerebral Palsy, Intellectual Disability, Autism, Epilepsy)
☐ Exhibiting Significant Developmental Delay
☐ High Risk for a developmental disability exists when the regional center determines that the parent of the infant or toddler is a person with a developmental disability
☐ At high risk for developmental delay or disability, but have yet to manifest delays (due to multiple risk factors)- identify below

Medical Risk Factors to be completed by Physician:

☐ Prematurity less than 32 weeks gestation and/or low birth weight of less than 1500 gm	☐ Central nervous system infection.
☐ Assisted ventilation for 48 hours or longer during the first 28 days of life.	☐ Biomedical insult, including but not limited to: injury, accident or illness which may seriously or permanently affect developmental outcome.
☐ Small for gestational age: below the third percentile on the National Center for Health Statistics growth charts.	☐ Multiple congenital disorders which may affect developmental outcome.
☐ Asphyxia neonatorum associated with a 5-min Apgar score of 0 to 5.	☐ Prenatal exposure to known teratogens.
☐ Severe and persistent metabolic abnormality, including but not limited to: Hypoglycemia, acidemia, and hyperbilirubinemia in excess of the usual Exchange transfusion level	☐ Prenatal substance exposure, positive infant neonatal toxicology screen, or symptomatic neonatal toxicity or withdrawal.
☐ Neonatal seizures or non-febrile seizures during the first three years of life	☐ Clinically significant failure to thrive, including but not limited to: weight persistently below the third percentile for age on standard growth charts, or less than 85% of the ideal weight for age, and/or acute weight loss or failure to gain weight with the loss of two or more major percentiles on the growth curve.
☐ Central nervous system lesion or abnormality.	☐ Persistent hypotonia or hypertonia, beyond that otherwise associated with a known diagnostic condition