

# Indiana First Steps – Physician Referral Form



Today's Date (mm/dd/yyyy)		Is the parent/guardian aware of the referral? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Child Information			
Name of child			Date of birth (mm/dd/yyyy)
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Child's birth weight (grams)	Gestational age (weeks)	
Street address		City	Zip code
			County
Family Information			
Name of parent/guardian		Relationship to child	
Phone number (xxx-xxx-xxxx)	Email address	Primary language	
Name of parent/guardian		Relationship to child	
Phone number (xxx-xxx-xxxx)	Email address	Primary language	
Consent to Share Information with Referral Source			
By signing, I give my informed consent for the referral source, all physicians (and medical practices) listed, and Indiana First Steps to communicate and share information, in writing and conversation, about my child's referral and future activities with Indiana First Steps.			
Signature of parent/guardian			Date (mm/dd/yyyy)
Primary Physician's Information			
Name of physician		Name of practice	
Street address		City	Zip code
Phone number (xxx-xxx-xxxx)	Fax number (xxx-xxx-xxxx)	Email address	
Referral Source Information			
Name of referral source		Title	
Phone number (xxx-xxx-xxxx)	Fax number (xxx-xxx-xxxx)	Email address	
Reason for Referral			
<b>Diagnosed medical condition</b> (please identify):  ICD-10 (list all codes applicable):		<b>Newborn screening(s) with atypical results:</b> <input type="checkbox"/> Heel Stick <input type="checkbox"/> Hearing <input type="checkbox"/> Pulse Oximetry	
<b>Diagnosed Condition with high probability of developmental delay</b> (select all applicable): <input type="checkbox"/> Chromosomal Abnormalities <input type="checkbox"/> Congenital Infections <input type="checkbox"/> Disorders reflecting disturbance of the development of the nervous system <input type="checkbox"/> Disorders secondary to exposure to toxic substance, including fetal alcohol syndrome <input type="checkbox"/> Genetic or congenital disorders <input type="checkbox"/> Inborn errors of metabolism <input type="checkbox"/> Low birth weight of $\leq 1500$ grams <input type="checkbox"/> Sensory impairments, including vision or hearing <input type="checkbox"/> Severe attachment disorders		<b>Suspected developmental delay</b> (select all applicable): <input type="checkbox"/> Adaptive Skills <input type="checkbox"/> Cognitive <input type="checkbox"/> Feeding Skills <input type="checkbox"/> Fine Motor <input type="checkbox"/> Gross Motor <input type="checkbox"/> Language, Expressive <input type="checkbox"/> Language, Receptive <input type="checkbox"/> Social/Emotional	
<input type="checkbox"/> <b>Other</b> Please describe why the child is being referred to First Steps. Be specific about concerns.			
Referring Physician's Information			
Name of physician		Name of practice	
Street address		City	Zip code
Phone number (xxx-xxx-xxxx)	Fax number (xxx-xxx-xxxx)	Child's primary physician? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature of Physician			Date (mm/dd/yyyy)



## Indiana First Steps – Physician Referral Form

### **Cluster A** (northwest Indiana)

**Phone: 219-662-7790 Fax: 219-662-7510**

serves Jasper, Lake, LaPorte, Newton, Porter, Pulaski and Starke counties

### **Cluster B** (northeast Indiana)

**Phone: 574-293-2813 Fax: 574-293-2300**

serves DeKalb, Elkhart, Fulton, Kosciusko, LaGrange, Marshall, Noble, St. Joseph, Steuben and Whitley counties

### **Cluster C** (north central Indiana)

**Phone: 260-444-2994 Fax: 260-444-4314**

serves Adams, Allen, Grant, Huntington, Miami, Wabash and Wells counties

### **Cluster D** (mid north Indiana)

**Phone: 765-420-1404 Fax: 765-420-1406**

serves Benton, Boone, Carroll, Cass, Clinton, Fountain, Howard, Montgomery, Tippecanoe, Warren and White counties

### **Cluster E** (west central Indiana)

**Phone: 812-917-2950 Fax: 812-917-2862**

serves Clay, Daviess, Greene, Knox, Martin, Owen, Parke, Putnam, Sullivan, Vermillion and Vigo counties

### **Cluster G** (central Indiana)

**Phone: 317-257-2229 Fax: 317-205-2592**

serves Hamilton, Hendricks, Johnson, Marion, Morgan and Tipton counties

### **Cluster H** (east central Indiana)

**Phone: 765-393-0510 Fax: 812-373-3620**

serves Blackford, Delaware, Henry, Jay, Madison, Randolph and Wayne counties

### **Cluster I** (southern Indiana)

**Phone: 812-738-1975 Fax: 812-738-1867**

serves Clark, Crawford, Dubois, Floyd, Gibson, Harrison, Orange, Perry, Pike, Posey, Scott, Spencer, Vanderburgh, Warrick and Washington counties

### **Cluster J** (southeast Indiana)

**Phone: 812-314-2982 Fax: 812-373-3620**

serves Bartholomew, Brown, Dearborn, Decatur, Fayette, Franklin, Hancock, Jackson, Jefferson, Jennings, Lawrence, Monroe, Ohio, Ripley, Rush, Shelby, Switzerland and Union counties

For more information about Indiana First Steps, visit [www.FirstSteps.in.gov](http://www.FirstSteps.in.gov).