# REGION VI RIGHT TRACK



# DEVELOPMENTAL SCREENING PROGRAM

# REFERRAL FORM

PO Box 1527, Jamestown, North Dakota 58402

Phone: 701-253-6416 Email: www.righttrack6.org

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Child’s Name: | Gender:  M F | Date of Birth: | | | | Date of Referral: |
| Parent/Guardian Name(s): | | | | | | |
| Address: | | City: | | State: | | Zip Code: |
| Home Telephone: | | Work Telephone: | | | | |
| Referral Source Name: | | Referral Agency: | | | Telephone: | |
| REASON FOR REFERRAL Risk Factors:  \_\_\_\_ Prematurity/early delivery  \_\_\_\_ Respiratory distress/asphyxia  \_\_\_\_ Low apgar score  \_\_\_\_ One or more items which may affect hearing abilities, failure on sensory screening test  \_\_\_\_ High bilirubin  \_\_\_\_ Severe chronic illness or condition (respiratory, cardiac, renal, chronic otitis media)  \_\_\_\_ Teen/young mother  \_\_\_\_ Parental sensory impairment, MR, significant learning disability, psychiatric disorder  \_\_\_\_\_ Parental substance abuse during pregnancy  \_\_\_\_ Maternal PKU, diabetes, hypothyroidism  \_\_\_\_ Lack of routine medical care – prenatal, postnatal, preschool  \_\_\_\_ Multiple birth  \_\_\_\_ Significant family/socio-economic stressors, difficulty in providing adequate basic parenting  \_\_\_\_ Sibling with developmental delays  \_\_\_\_ CAPTA referral  \_\_\_\_ Other: | | | | | | |
| Concern of Parent and/or Referral Source | | | | | | |
| **Other Information** | | | | | | |
| **Staff Assigned** | | | **Date Assigned** | | | |