

**PHYSICIAN FIRST STEPS REFERRAL**

State Form 52982 (10-21)

FAMILY AND SOCIAL SERVICES ADMINISTRATION

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)	
Race <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Two or More Races <input type="checkbox"/> Other		Ethnicity <input type="checkbox"/> Central/South American <input type="checkbox"/> Cuban <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Other Hispanic <input type="checkbox"/> Not Hispanic or Latino	
Street address	City	ZIP code	County
FAMILY INFORMATION			
Name of parent/guardian			Relationship to child
Phone number (xxx-xxx-xxxx)	E-mail address		Primary language
Name of parent/guardian			Relationship to child
Phone number (xxx-xxx-xxxx)	E-mail 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 (not required to submit referral to First Steps.)			
Signature of parent/guardian			Date (mm/dd/yyyy)
REASON FOR REFERRAL			
Diagnosed medical condition: ICD-10 (list all codes applicable)		Newborn screening(s) with atypical results: <input type="checkbox"/> Heel Stick <input type="checkbox"/> Hearing <input type="checkbox"/> Pulse Oximetry	
Diagnosed Condition with high probability of developmental delay (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 ≤ 1500 grams <input type="checkbox"/> Sensory impairments, including vision or hearing <input type="checkbox"/> Severe attachment disorders		Suspected developmental delay (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"/> Other Please describe why the child is being referred to First Steps. Be specific about concerns.			
REFERRING PHYSICIAN'S INFORMATION			
Name of physician		Physician's specialty	Child's primary physician? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of practice			
Street address		City	ZIP code
Phone number (xxx-xxx-xxxx)	Fax number (xxx-xxx-xxxx)	E-mail Address	
Signature of Physician			Date (mm/dd/yyyy)

INDIANA FIRST STEPS CONTACT INFORMATION

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 F (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: 812-913-7333 Fax: 877-674-2285

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.