



# Medical Provider Referral Form

State Form 53097 (7-22)  
INDIANA FIRST STEPS



Today's Date (mm / dd / yyyy)

## CHILD INFORMATION

|                                    |           |                                |  |                         |
|------------------------------------|-----------|--------------------------------|--|-------------------------|
| Name of child                      |           | Date of birth (mm / dd / yyyy) | Gender:<br><input type="checkbox"/> Male <input type="checkbox"/> Female |                         |
| Race                               | Ethnicity | Primary language               | Birth weight (grams)   | Gestational age (weeks) |
| Street address (number and street) |           | City                           | ZIP  | County                  |

## REASON FOR REFERRAL

Diagnosed physical or mental condition with a high probability of developmental delay (*select all that apply*)

- |  |  |
|--|--|
| <input type="checkbox"/> Chromosomal abnormalities   | <input type="checkbox"/> Sensory impairments, including vision or hearing        |
| <input type="checkbox"/> Congenital infections   | <input type="checkbox"/> Severe attachment disorders                             |
| <input type="checkbox"/> Disorders reflecting disturbance of the development of the nervous system | <input type="checkbox"/> Toxic exposure – fetal alcohol syndrome diagnosis       |
| <input type="checkbox"/> Genetic or congenital disorders   | <input type="checkbox"/> Toxic exposure – neonatal abstinence syndrome diagnosis |
| <input type="checkbox"/> Inborn errors of metabolism   | <input type="checkbox"/> Toxic exposure – other diagnosis                        |
| <input type="checkbox"/> Low birth weight of $\leq 1500$ grams                                     | <input type="checkbox"/> Not applicable  |

Suspected developmental delay (*select all that apply*)

- |   |   |
|---|---|
| <input type="checkbox"/> Adaptive Skills  | <input type="checkbox"/> Gross Motor          |
| <input type="checkbox"/> Cognitive        | <input type="checkbox"/> Language, Receptive  |
| <input type="checkbox"/> Social/Emotional | <input type="checkbox"/> Language, Expressive |
| <input type="checkbox"/> Fine Motor       | <input type="checkbox"/> Feeding Skills       |

Newborn screening(s) with atypical results:

- |   |
|---|
| <input type="checkbox"/> Heel Stick     |
| <input type="checkbox"/> Hearing        |
| <input type="checkbox"/> Pulse Oximetry |

Diagnosed medical conditions (*please specify*)

ICD codes (*highest specificity*)

Please provide specific comments and concerns about why the child is being referred to First Steps.

## FAMILY INFORMATION

|                             |                |                       |   |
|-----------------------------|----------------|-----------------------|---|
| Name of parent / guardian   |                | Relationship to child | Is the parent / guardian aware of the referral?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Phone number (xxx-xxx-xxxx) | E-mail address | Primary language      |   |
| Name of parent / guardian   |                | Relationship to child | Is the parent / guardian aware of the referral?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Phone number (xxx-xxx-xxxx) | E-mail address | Primary language      |   |

## CONSENT TO SHARE CHILD INFORMATION WITH REFERRAL SOURCE

By signing, I give my informed consent for the referral source, all medical providers (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.)

|                                |                       |
|--------------------------------|-----------------------|
| Signature of parent / guardian | Date (mm / dd / yyyy) |
|--------------------------------|-----------------------|

## MEDICAL PROVIDER INFORMATION

By signing, I authorize Indiana First Steps to evaluate and treat this child pursuant to state and federal laws and regulations under Part C of the Individuals with Disabilities Education Act (IDEA).

|   |  |                               |               |
|---|--|-------------------------------|---------------|
| Signature of physician / advanced practice registered nurse / physician assistant |  | Date (mm / dd / yyyy)         |               |
| Name of physician / advanced practice registered nurse / physician assistant      |  | Specialty of medical provider |               |
| Name of practice  |  |                               |               |
| Street address (number and address)   |  | City                          | State         |
| Telephone number  |  | Fax number                    | Email address |
|   |  | ZIP                           |               |

## **Indiana First Steps Regional Office 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