



INDIANA FIRST STEPS PHYSICIAN'S REFERRAL AND DEVELOPMENTAL HISTORY

State Form 51929 (R3 / 2-21)
FAMILY AND SOCIAL SERVICES ADMINISTRATION



For physician use only. The purpose of this form is to document a child's referral to First Steps and/or collect information about the child's developmental history for the eligibility determination process and obtain physician authorization to evaluate and treat the child pursuant to state and federal laws and regulations under Part C of the Individuals with Disabilities Education Act (IDEA). Contact information for your local First Steps office is located on page 2 of this form. Additional information about First Steps and IDEA Part C can be found at www.firststeps.in.gov.

Is this a referral? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, is parent / guardian aware of referral? <input type="checkbox"/> Yes <input type="checkbox"/> No	Today's date (month, day, year)
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CHILD INFORMATION				
Name of child			Date of birth (month, day, year)	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Ethnicity	Birth weight (grams)	Gestational age (weeks)
Address (number and street, city, state, and ZIP code)				County

DEVELOPMENTAL HISTORY	
Diagnosed physical or mental condition (Select all that apply.)	
<input type="checkbox"/> Not applicable <input type="checkbox"/> Disorders reflecting disturbance of the development of the nervous system <input type="checkbox"/> Disorders secondary to exposure to toxic substances, including fetal alcohol syndrome <input type="checkbox"/> Chromosomal abnormalities	<input type="checkbox"/> Genetic or congenital disorders <input type="checkbox"/> Congenital infections <input type="checkbox"/> Low birth weight of ≤ 1500 grams <input type="checkbox"/> Severe attachment disorders <input type="checkbox"/> Inborn errors of metabolism <input type="checkbox"/> Sensory impairments, including vision or hearing
Suspected developmental delay (Select all that apply.)	
<input type="checkbox"/> Adaptive Skills <input type="checkbox"/> Cognitive <input type="checkbox"/> Social / Emotional <input type="checkbox"/> Fine Motor	<input type="checkbox"/> Gross Motor <input type="checkbox"/> Language, Receptive <input type="checkbox"/> Language, Expressive <input type="checkbox"/> Feeding Skills
Specific diagnosis (if applicable)	
ICD-10 codes (List all that apply.)	
Newborn screening(s) with atypical results: <input type="checkbox"/> Heel Stick <input type="checkbox"/> Hearing <input type="checkbox"/> Pulse Oximetry	Current medication(s)
Medical precautions	
Please provide specific comments and concerns about this child's development.	

FAMILY INFORMATION		
Name of parent / guardian		Relationship to child
Telephone number ()	E-mil address	Primary language
Name of parent / guardian		Relationship to child
Telephone number ()	E-mil address	Primary language

PARENT CONSENT TO COMMUNICATE WITH REFERRAL SOURCE (optional)	
By signing, I give my informed consent for First Steps to communicate information about my child's First Steps evaluation and eligibility with the referral source. (Parent signature is not required to submit the referral to First Steps.)	
Signature of parent / guardian	Date (month, day, year)

PHYSICIAN INFORMATION		
Name of physician		Child's primary practice? <input type="checkbox"/> Yes <input type="checkbox"/> No
Physician's specialty		
Address of practice (<i>number and street, city, state, and ZIP code</i>)		
Telephone number ()	Fax number ()	E-mil address
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		Date (<i>month, day, year</i>)

INDIANA FIRST STEPS REGIONAL OFFICE CONTACT INFORMATION

Cluster A (Northwest Indiana)

Telephone: 219-662-7790 Fax: 219-662-7510

Serves Jasper, Lake, LaPorte, Newton, Porter, Pulaski, and Starke counties.

Cluster B (Northeast Indiana)

Telephone: 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)

Telephone: 260-444-2994 Fax: 260-444-4314

Serves Adams, Allen, Grant, Huntington, Miami, Wabash, and Wells counties.

Cluster D (Mid North Indiana)

Telephone: 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)

Telephone: 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)

Telephone: 317-257-2229 Fax: 317-205-2592

Serves Hamilton, Hendricks, Johnson, Marion, Morgan, and Tipton counties.

Cluster H (East Central Indiana)

Telephone: 765-393-0510 Fax: 812-373-3620

Serves Blackford, Delaware, Henry, Jay, Madison, Randolph, and Wayne counties.

Cluster I (Southern Indiana)

Telephone: 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)

Telephone: 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.