

# Bright Beginnings for Kittitas County

Early Support for Infants and Toddlers

220 E. Helena Ave • ELLENSBURG, WA 98926 • (509) 962-0452 • FAX (509) 962-4202

## **Physician Feedback/Referral Form**

Physician: \_\_\_\_\_ Date: \_\_\_\_\_

Child: \_\_\_\_\_ Birth date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### **PLEASE COMPLETE THE SECTION BELOW**

#### **Physical Status:**

Vision Concerns:

\_\_\_\_ None \_\_\_\_ yes, please describe:

\_\_\_\_\_

Hearing Concerns:

\_\_\_\_ None \_\_\_\_ yes, please describe:

\_\_\_\_\_

**Health Status:** including physical concerns or diagnosed condition that may put this child at risk of developmental delay: \_\_\_\_\_ none \_\_\_\_\_ yes, please describe:

\_\_\_\_\_

\_\_\_\_\_

#### **Developmental Status**

Please check any of the following developmental areas if there is a concern for the child's development or an identified developmental delay:

ASQ Completed:  Yes  No

Gross Motor Skills: \_\_\_\_\_

Fine Motor Skills: \_\_\_\_\_

Adaptive/Self Help: \_\_\_\_\_

Cognitive/Problem solving: \_\_\_\_\_

Communication: \_\_\_\_\_ (see below)

Social/Emotional: \_\_\_\_\_

If a developmental area is checked please describe concern:

\_\_\_\_\_

\_\_\_\_\_

#### **For the purpose of billing insurance:**

**If Communication is a concern, are you referring this child for a speech and language evaluation and/or Treatment? \_\_\_\_\_ Yes \_\_\_\_\_ No (for the purpose of billing Insurance)**

➤ *This referral is considered current for 12 months.*

**If Motor is a concern, are you referring this child for a physical therapy evaluation and/or Treatment? \_\_\_\_\_ Yes \_\_\_\_\_ No (for the purpose of billing Insurance)**

➤ *This referral is considered current for 12 months.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_