



First Steps

FIRST STEPS EARLY INTERVENTION SYSTEM EARLY INTERVENTION REFERRAL

Referral Date: _____

ID #: _____

Linked: _____

45-Day _____

Child's Information:

Last Name, First Name: _____

Date of Birth: _____

Gender: male female

Address: _____ Social Sec #: _____

City/Town: _____ ZIP Code: _____ County: _____ School District: _____

Language Spoken: Eng. Span. Other _____ Medical Insurance: YES NO Hoosier Healthwise #: _____

Mother's Name: _____ DOB: _____

Address: _____

Home Phone: () _____ Other Phone: () _____

Primary Referral Source Information:

Name: _____ Telephone: () _____

Parent Dr. Welfare WIC County Nurse NICU

Other: _____


Primary Care Physician (Name): _____ Address: _____ Phone: () _____

Fax: () _____

Has this family been informed of this referral? YES NO

Reason for Referral _____ Directions to Home _____

Referral taken by: _____

Referral assigned to: 

Best Time for Visit: _____

Best Time to Call: _____

Fax to: 574-293-2300

Serving Elkhart, St. Joseph, Steuben, Noble, DeKalb, Whitley & LaGrange Counties