Developmental Screening Referral Recommendation

Provider Name:	
Phone:	_ Email:
Date:	
Child Name:	_ Birthdate:
During our meeting we discussed that further assessment should be the next step. You preferred: We send in the referral You will call to schedule the assessment Referral Suggestions:	
KEIS (Kentucky Early Intervention System), formerly known as First Steps Point of Entry: Phone Number:	Occupational Therapist Provider Name: Phone Number:
Behavioral Health	Physical Therapist
Provider Name :	Provider Name :
Phone Number:	Phone Number :
Thorie Namber	
Speech Therapist	Public Preschool
Provider Name :	Provider Name :
Phone Number :	
THORE NUMBER.	Phone Number :
Other	
Provider Name : _	
Phone Number	

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The process for scheduling an assessment should go smoothly. Some helpful tips are:

- When you call to schedule an assessment, give them as much information as possible.
- You should hear from them with a date within two weeks. If you do not hear back by this date: ______, please call them directly to ask for an update.
 - You may offer to send them a copy of the screening summary or deliver it at the scheduled assessment to validate your reason for requesting an assessment.
 - If the provider wants a copy of the entire screen, we (center) will print it for you.

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• You may use this document to record conversation with provider, date of assessment, contact name, next steps, fax numbers, etc.

Notes.		

If you are not able to reach the provider, please let us (center) know.



