ERIE COUNTY EARLY INTERVENTION INTAKE FAX FORM

ATTN: Early Intervention	☐ **NEW INTAKE** ☐ **RE-ADMIT**	**DATE:**
FAX #: 814-528-0702	**Service Coordinator:**	**MCI #:**

DEMOGRAPHIC INFORMATION

Name:		**Birth Last Name:**	
DOB:	**Age:** ____ yr(s) _____ mo(s)	**SSN:**	**Gender:** ☐ **M** ☐ **F**
Race: ☐ African Am./Black ☐ Alaskan Native ☐ Amer. Indian ☐ Asian ☐ Bi-Racial ☐ Caucasian/White ☐ Nat. Hawaiian ☐ Pac. Islander ☐ Unknown/Other:			**Ethnicity:** ☐ Hispanic ☐ Non-Hispanic
Primary Language: ☐ English ☐ Arabic ☐ Hindi ☐ Mandarin ☐ Nepali ☐ Spanish ☐ Sign Language ☐ Russian ☐ Other:			**Interpreter Needed:** ☐ Yes ☐ No
Living Situation: ☐ Family Home ☐ Foster Care ☐ Homeless ☐ Kinship Care ☐ Placement ☐ Shelter		**Citizenship Status:** ☐ US Citizen ☐ Illegal Alien ☐ Permanent ☐ Refugee ☐ Temporary	
Address:		**City:**	**State:** PA **Zip:**
Parent/Guardian:		**Phone (H):**	**Phone (O):**
Emergency Contact:		**Relationship:**	**Phone:**
Primary Care Physician:		**Name of Practice:**	

INSURANCE INFORMATION

☐ **NO INSURANCE**	☐ **Medical Assistance**	**Recipient ID #:**
☐ **Private:**	**Policy Holder:**	**Policy ID #:**

REFERRAL DETAILS

Referral Source:	**Relationship:**
Address:	**Phone:**

Has the parent or guardian of the child being referred been made aware of the referral? ☐ YES ☐ NO ☐ N/A

Referral Reason:

☐ General Developmental Check ☐ Affected by Illegal Substance ☐ Cognitive Development & Skill Acquisition
☐ Communications Mastery ☐ Confirmed Elevated Lead Blood Levels ☐ Environmental Issues
☐ Low Birth Weight ☐ Medical Diagnosis or Conditions ☐ NICU Care ☐ Newborn Hearing Screening/Audiologist ☐ Physical Development
☐ Sensory Status ☐ Social/Emotional Development ☐ Substantiated Child Abuse/Neglect ☐ Other:

Referral Comments:

DIAGNOSIS DETAILS

☐ Developmentally Delayed Only ☐ Autism/Pervasive Development D/O ☐ Blindness/Visual Impairment
☐ Deaf-Blind ☐ Deafness/Hearing Impairment ☐ Elevated Lead Blood Levels ☐ Fetal Alcohol Syndrome/Effects
☐ Genetic Conditions ☐ Low Birth Weight ☐ Other Health Impairments ☐ Physical Disability ☐ Pre-Maturity
☐ Serious Emotional Disturbance ☐ Speech/Language Impairment

Has a screening been conducted? ☐ YES ☐ NO

Is documentation of screening available to be obtained for our records?
☐ **YES**, via: ☐ *Fax* ☐ *E-Mail* ☐ *Mail* ☐ **NO**, *Not Available*

Community Agency Involvement *(i.e. WIC, OCY, etc.)*:

Disposition: