

# IEHP REFERRAL FOR EVALUATION & DIAGNOSIS

## ASD and Other Neurodevelopmental Disorders

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

Name of Patient: \_\_\_\_\_

Current Caregiver: \_\_\_\_\_

Relationship of Current Caregiver to Patient (e.g. biological parent, foster parent):

\_\_\_\_\_

DOB: \_\_\_\_\_

IEHP ID#: \_\_\_\_\_

Referring Physician \_\_\_\_\_

Referring Agency: \_\_\_\_\_

Agency Phone Number: \_\_\_\_\_

**Age of Child at Time of Referral:** \_\_\_\_\_

### Please check all that apply below:

- **Any out of Home Placement (Current OR History)**

- Foster
- Kinship (grandparent or other family member)
- Adoption
- Involvement with Child & Family Services

- **Trauma History (Current OR History)**

- Physical Abuse
- Emotional Abuse
- Sexual Abuse
- Physical Neglect
- Emotional Neglect
- Separation from Parent
- Household Mental Health Concerns
- Household Substance Abuse Concerns
- Domestic Violence
- Community Violence

- Medical Trauma Hx
- Other Trauma \_\_\_\_\_

- **Mental Health Symptoms (of Patient)**

- Mania
- Depression
- Aggression
- Self-injurious Behavior
- Suicidal Ideology
- Anxiety
- Hyperactivity
- Conduct Problems/Behavioral Issues & Concern
- Obsessive or Compulsive Behaviors
- Animal Harm
- Destructive Behaviors
- Elopement/Escape Behavior
- Frequent Dysregulation
- Psychosis (e.g. hallucinations, delusions etc.)

- **Chronic Illnesses/Medical Conditions/Genetic**

- Diabetes
- Seizures
- Prematurity
- Asthma
- Cerebral Palsy
- Auto Immune
- Traumatic Brain Injury
- Sleep Disorder/Disturbance
- Failure to Thrive
- Prenatal Drug Exposure
- Fetal Alcohol Spectrum Disorder

- Hearing/Auditory Problems
- Visual Disturbance
- Cleft Palate/Craniofacial Deformities
- Downs Syndrome
- Other Syndrome (suspected or confirmed)
- Chromosomal Abnormality (suspected or confirmed)
- Maltreatment – Abuse and/or neglect

Please list any other medical, developmental, or behavioral concerns or special considerations for this child (including maternal pregnancy risk factors, delivery complications, NAT, or accidental injuries):

**Requested Evaluation(s)**

- Transdisciplinary Evaluation – Medical/Psychological/OT/Sp/L etc
- Neurological important to the evaluation of this child
- Psychological important to the evaluation of this child

***Requested Provider/AGENCY - \_\_\_\_\_***