



Child's Name: \_\_\_\_\_ Boy  Girl  Date of Birth: \_\_\_\_\_

Parent(s)/Legal Guardian \_\_\_\_\_ Phone: \_\_\_\_\_

Family's Address: \_\_\_\_\_ City \_\_\_\_\_ Zip code: \_\_\_\_\_ County \_\_\_\_\_

Primary Language Spoken by Parent(s)/Legal Guardian: English  Spanish  Other \_\_\_\_\_

Referring Hospital \_\_\_\_\_

HMO/Insurance \_\_\_\_\_ Medicaid # \_\_\_\_\_

**Reason for Referral to Children with Special Needs**

\_\_\_\_\_  
 \_\_\_\_\_

**Maternal risks (check all that apply):**

- First time mother
- Difficulties with breastfeeding
- Maternal depression/Perinatal Depression
- Household tobacco use
- Previous perinatal loss
- Previous premature delivery
- Inadequate (or NO) prenatal care
- Maternal Medical Diagnosis \_\_\_\_\_
- Inadequate finances
- Possible maternal alcohol use/abuse

**Infant risks (check all that apply):**

- 1 week or longer stay in NICU/separation from family  
Reason \_\_\_\_\_
- History of feeding difficulties in NICU
- Multiple Birth
- Premature birth (**less than 37 weeks gestation**)  
Gestational age at birth \_\_\_\_\_
- Low birth weight (**less than 2500 grams** [5 lbs. 6oz])  
Birth Weight: \_\_\_\_\_
- Frequent unnecessary ER/ urgent sick child visit

**Common Part C**  
**Early Intervention eligible conditions:**  
**(NOT an inclusive list)**

- Birth Weight of 1200 grams or less (2 lb 11oz)
- Apgar = 5 or less at 5 minutes
- Chromosomal syndromes (e.g. Down syndrome)
- Sensory impairments:
  - Vision
  - Hearing
- Congenital conditions (e.g. Cleft Palate)
- Metabolic disorders (e.g. hypothyroidism)
- Apparent Developmental Delay

\*If any of these conditions are present  
 Refer to Early Intervention/Imagine!

**For a more complete list of established  
 conditions meeting eligibility, please visit EI  
 website:**

**[www.eicolorado.org](http://www.eicolorado.org)**

Other agencies/programs involved? CIP  Genesis  Nurse Family Partnership  WIC

REFERRED BY: \_\_\_\_\_  
Signature Agency/ Phone Number

\_\_\_\_\_  
Printed Name

**Verbal permission from parent obtained to refer to Public Health Programs: Initials: \_\_\_\_\_ Date \_\_\_\_\_**

For Office Use: