



Providence Children's Development Institute

Referral Form

Information to Include with Referrals

Provide the following to ensure timely processing of your referral:

- Chart notes, which include a PCP visit documenting the referral concerns within the last 4 months.
- Patient demographics, **including updated insurance coverage.**
- Growth chart for all referrals unless available in Epic.
- Results from any screening tests performed (ASQ, MCHAT, CAST, SWYC, POSI).

If possible:

- Include educational testing reports, including eligibility for EI/ECSE/IEP/IFSP/504 services.
- Fax any related documents that may have been scanned into your EMR as they are not viewable on our Epic platform.

The above: Have been faxed. Are available on Epic.

Patient Information

Patient name: _____ Date of birth: _____

Address: _____ City/State: _____

Insurance Name/ID #: _____

Parent: _____

Guardian (if different than parent): _____

Caseworker (DHS custody): _____

Preferred phone: _____ Secondary phone: _____

Interpreter needed? Yes No If yes, language: _____

ICD-10 Codes:

Describe the medical concern you would like addressed:

Referring Provider

Name: _____ Clinic name: _____

Contact person: _____

City: _____ State: _____ Phone: _____ Fax: _____

Providence St. Vincent
Ph: 503-216-2339
Fax: 503-216-6813

Providence Child Center
Ph: 503-216-2339
Fax: 503-215-2456

Providence Newberg
Ph: 503-216-2339
Fax: 503-537-3545

Discipline(s) to which you are referring:

- Developmental pediatrics M.D./NP
- Occupational therapy
- Physical therapy
- Audiology
- Speech language therapy (audiology evaluation will be added unless completed in last 9 months)
- Augmentative communication
- Dietitian
- Feeding therapy
 - OT
 - Speech
- I approve assessments based on PCDI intake process.**