

Intake Form for All DBP Clinics - External Referral Developmental and Behavioral Pediatrics (DBP)

*****Intake form to be completed by patient's primary care physician only*****

Please Fax Intake Form to 508-334-4936

For Questions Please Call 774-442-3028

This is not an urgent care clinic. If safety concerns are dominant this is not an appropriate referral.

Patient Information

Patient Name: _____

Gender: ☐ M ☐ F

Patient DOB: _____

Patient Address: _____

Parent/Guarantor Name: _____

Parent/Guarantor DOB: _____

Phone: _____

Email: _____

PCP: _____

PCP Phone #: _____ M _____ F

PCP Fax #: _____

Insurance: _____

Insurance ID: _____

Subscriber: _____

Subscriber DOB: _____

Interpreter: _____

Clinical Information/Presenting Problems

Age Group: < 14 mos 14 mos-5 yrs

****Please note: For children <14 months of age, please select/check "General consultation/informal eval" below (other fields not valid for this age group)***

Reason for Referral (*Required)

___ Autism evaluation (for pts w/ suspected ASD who need comprehensive testing, only ages >14 mos)

___ Consult (non-testing appointment, developmental support, general DBP visit)

___ Developmental/ Cognitive evaluation

___ Behavioral Concerns

Specific concerns and questions (required*): _____

Has this child previously undergone evaluation for Autism? If so, list date & location where eval was performed:

___ No Yes, date performed _____ at/by the following location _____

****Note: If the child has undergone comprehensive evaluation in the last year, they may not be eligible for re-evaluation with DBP. In this case, please select consult as reason for referral.***

Does the child have a sibling who is diagnosed with Autism: ___ Yes ___ No

Has the child completed a autism screening: e.g., MCHAT/RF (<3 years): ___ No ___ High-Risk ___ Low-Risk

Has this child received early intervention? ___ Yes, current ___ Past ___ No ___ Unknown (Attach completed screenings)

Is this child currently in DCF custody? ___ Yes ___ No

Office Use Only

Date referral received: _____

Notes: _____