

Alameda County Medical Home Referral & Feedback Form with Consent



My Child's Name _____ D.O.B. ____/____/____
 Lives with _____ Parent Legal Guardian Foster Family Other
 Address _____ Zip _____
 Home Phone (____) _____ Work (____) _____ Cell (____) _____
 Primary Language Spoken at Home _____

*I freely consent to referral by the primary care provider to the agencies listed below.
 I specifically want my child's provider to receive feedback from these agencies for the benefit of my child's health.
 This consent is in effect until revoked.*

Signature _____ Date _____
 Print Name _____ Relationship to Child _____

Referral Portion

Referring Provider _____
 Address _____ Zip _____
 Phone (____) _____ Fax (____) _____
 Indications/Diagnosis/Parent Description of Needs _____

Request for:

- Intake and Assessment
- Treatment/Intervention
- IEP/504 Plan
- Family Support
- Educational Advocacy
- Therapy Assessment
- Copy of IFSP Summary
- Other _____

From:

- ACCESS Mental Health fax (510) 346-1083
- California Children Services (CCS) fax (510) 267-3254
- Early Start for Alameda County fax (510) 633-5020
- Family Resource Network (FRN) fax (510) 658-8354
- Regional Center of the EB (RCEB) fax (510) 633-5021
- Special Education Local Planning Area (SELPA) **(circle one)**
- Mid-Alameda, Mission Valley, N. Region, Oakland, Tri-Valley
- PH Nursing **(circle one)** Alameda County, City of Berkeley
- Other _____

Provider Signature _____ Date _____

Feedback Portion

- Intake scheduled or completed (ACCESS, CCS, Early Start, FRN, RCEB, Special Education).
- IFSP date set. Date _____
- IEP date set. Date _____
- Family connected to family support services.
- Help with IEP preparation and Special Education laws provided to family.
- Information about trainings and support groups shared.
- Translation services provided.
- Specialty appointment/second opinion scheduled.
- Unable to contact family.
- Case Manager/Contact Person _____ Phone (____) _____

Comments _____

Print Name _____ Phone (____) _____
 Agency _____ Date _____