



# Special Kids Connect Referral Form for MEE MEMORIAL HEALTHCARE SYSTEM

REFERRING PROVIDER INFORMATION		
Referring Date:	Referring Provider:	
Provider Location:		
Provider Phone:	Provider FAX:	Provider Email:

CHILD'S INFORMATION	
Child's First & Last Name:	Child's DOB:
Diagnosis:	Regional center/San Andreas (SARC) client: <input type="checkbox"/> YES <input type="checkbox"/> NO
Child's Primary Care Physician (PCP):	PCP Phone:
<b>Screening/Assessments Done:</b> <input type="checkbox"/> NO <input type="checkbox"/> YES <i>(If Yes, answer all that apply below)</i> <input type="checkbox"/> ASQ-3 Assessment Date: _____ Scores: _____ Communication _____ Gross Motor _____ Fine Motor _____ Problem Solving _____ Personal-Social <input type="checkbox"/> ASQ:SE-2 Assessment Date: _____ Score: _____ <input type="checkbox"/> M-CHAT Assessment Date: _____ Score (Check one): <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	
<b>Mark all services the child is receiving OR has been referred to</b> <input type="checkbox"/> ABA Therapy <input type="checkbox"/> Physical Therapy (PT) <input type="checkbox"/> Early Start / Early Intervention Services <input type="checkbox"/> Occupational Therapy (OT) <input type="checkbox"/> Speech Therapy (ST) <input type="checkbox"/> Special Education (IEP / 504 Plan) <input type="checkbox"/> Monterey County Behavioral Health / Hope Services <input type="checkbox"/> Audiology <input type="checkbox"/> Ophthalmology <input type="checkbox"/> Specialist: _____ <input type="checkbox"/> Other: _____	

PARENT/GUARDIAN INFORMATION	
Parent/Guardian's First & Last Name:	Phone Number:
Email:	Preferred Language:
Address (Street, City, State, Zip):	
The family is aware of and has agreed to this referral: <input type="checkbox"/> YES <input type="checkbox"/> NO	

REFERRAL NOTES (Please use additional pages, if necessary.)

Please email referral to [info@specialkidsconnect.org](mailto:info@specialkidsconnect.org) or fax to (888) 780-9982.  
For more information, call (831) 372-2730.