

NAME:		(La	st, First)	HRIF I.D. #	
*Required Field					
*Date of Visit:	(P	1M-DD-YYYY)		
*This visit was conducted:	☐ In-person	☐ Telehe	alth (audio + video observati	ion)	Phone Only
		VISIT AS	SESSMENT		
*Core Visit (I)	☐ #1 (4-8 months)		☐ #2 (12-16 months)	[☐ #3 (18-36 months)
Zip Code of Primary Caregiver:					
Chronological Age: Mor			Adjusted Age:	Months	Days
	□ No				
Interpreter Used	☐ Yes: ☐ Spanish☐ Canton☐ Hmong.☐ Mandar☐ Punjabi☐ Tagalog☐ Other:	ese /Miao in	☐ Arabic ☐ Farsi/Persian ☐ Japanese ☐ Mixteco ☐ Russian ☐ Thai]]]	☐ Armenian ☐ Hindi ☐ Korean ☐ Mon-Khmer/Cambodian ☐ Sign Language ☐ Vietnamese
Insurance (Check all that apply)					
□ ccs	☐ Commercial HMO		Commercial PPO	_	☐ Medi-Cal
☐ Point of Service/EPO	☐ No Insurance/Self Pa	•	Other	L	Unknown
Waish			ASSESSMENT	Ш	ead Circumference
Weight (kg	;) (oz)	or .	ngth (cm) (in)	or	cm)
Reason Not Routinely D NOT Unable to Obtain Collected: Other	one Reason	☐ Not F	Routinely Done le to Obtain	Reason [NOT	Not Routinely Done Unable to Obtain Other
			ASSESSMENT		
Is the Child Currently Receiving Breastmilk?	☐ Exclusively		☐ Some	(□ None
-	☐ Both Parents		One Parent		One Parent/Other Relatives
Living Arrangement	Other Relatives/Not Pa	arents	☐ Non Relative	[☐ Foster/Adoptive Family
of the Child	☐ Foster Family/CPS ☐ Unknown		Pediatric Subacute Faci	ility [Other
Education of Primary	☐ <9 th Grade		Some High School		High School Degree/GED
Caregiver	☐ Some College ☐ Other		☐ College Degree ☐ Unknown		☐ Graduate School or Degree ☐ Declined
Caregiver Employment	☐ Full-Time ☐ Multiple Jobs ☐ Unknown		☐ Part-Time ☐ Work From Home ☐ Declined		☐ Temporary ☐ Not Currently Employed
	None	☐ Yes	Unknow	n	
	If Yes, Check all that ap	oply:			
Routine Child Care	Child Care Outside of	Home	Home Babysitter/Nann	ıy [☐ Not Used Routinely
	Specialized Medical Set		Other		
	None	☐ Yes	☐ Unknow	n	
	If Yes, Check all that ap	_		F	7
	☐ Behavioral		ing/Crying		Feeding & Growth
Caregiver Concerns of the Child	Frequent Illness		ointestinal/Stooling/Spitting-u	_	☐ Hearing
of the Child	☐ Medications ☐ Sensory Processing		r Skills, Movement	_	☐ Pain ☐ Stress
	☐ Sleeping/Napping	☐ Visior	h & Language	_	☐ Stress ☐ Other
	CICCPILIS/ LADDILIS	*13101	•	L	

(1) Core Visits: The HRIF Clinic has three core visits that take place during the following <u>recommended</u> time periods: **Visit #1** (4-8 months), **Visit #2** (12-16 months) and **Visit #3** (18-36 months). **NOTE:** Core Visit #1 is the initial first visit to the HRIF Clinic, even if the patient is older than 8 months corrected age.





NAME:	(Last, First)	HRIF I.D.#	

	INTI	ERV.	AL M	EDIC	AL A	ASSE	SSM	ENT								
Does the Child have a Pr	imary Care Provider?						No			Yes	;		Unk	nown		
Does the Primary Care P	Provider Act as the Child's Me	dical I	Home	?			No] Yes	;		□Unk	nown		
	□ No □ Yes	: [N	umber	of Hos	pitaliza	tions				□ Uni	known	1			
	If Yes, Check all that apply															
	Hospitalization Reasons	ı	2	3	4	5	6	7	8	9	10	П	12	13	14	15
	Gastrointestinal Infection(s)															
	Meningitis Infection(s)															
	Nutrition/Inadequate Growth															
Hospitalizations Since Last Visit	Respiratory Illness															
	Seizure Disorder(s)															
	Urinary Tract Infection(s)															
	Other Infection(s)															
	Other Medical Rehospitalization(s)															
	Unknown															
	Having Surgeries During Hospitalization															
	☐ No If Yes, Check all that apply		☐ Yes:	: [Nu	mber c	of Surge	eries			□ Ur	nknow	n			
Surgeries Since Last Visit	☐ Cardiac Surgery ☐ Inguinal Hernia Repair ☐ Tracheostomy ☐ Other Gastrointestinal Surgi Procedures ☐ Other Surgical Procedures	cal		Pro	Tympa	oathy o nostom Genito s	y Tube		al		☐ Shu	unt/Shu her EN		sion ical Pro	ement ocedure: ocedure	
	□No□	Yes				Unkne	own									
	If Yes, Check all that apply				1											
Medications Since Last Visit	□ Actigall □ Anti-Seizure Medication □ Caffeine □ Chest Physiotherapy (inter.) □ Inhaled Bronchodilators (inter.)	er.)			Antibic Cardia Diureti	Medica etics/An Medic cs Steroi	tifunga ations				An Ch	tihyper est Phy aled Br	x Mediatensive visiother conchorate eroids	apy (da dilators		
Jinee Last Visit	☐ Levothyroxine ☐ Nutrition Supplements (mak ☐ Oral Steroids	e selec	tion):			☐ Ent	eral N	utrition	l		☐ Die	etary Si	upplem	ents		
	Oxygen (if discontinued also	enter	chrono	logic p	ost-nat	al age:			month	s		_ days)				
	☐ Viagra (Pulmonary Hyperten☐ Unknown	sion)				/ Palivi :us / Ni					☐ Ot	her				
	□ No □	Yes			Unk	nown										
	If Yes, Check all that apply															
Equipment Since Last Visit	☐ Apnea/CR Monitor ☐ Helmet ☐ Oxygen Supplies			☐ Ne	aces/Ca bulizer		Orthot	cics				tomy S	eding E upplies r/CPAF			
	Wheelchair			Ot		-					_	known				





NAME:		(Last, First) HRIF I	.D. #
	MEDICA	AL SERVICES REVIEW	
Is the Child Receiving or	Being Referred for Medical Services?		
☐ No (Skip to Neurosens	ory Assessment)	Complete below)	Neurosensory Assessment)
	☐ Does Not Need	Referred, but Not Receiving (check reason)	
	☐ Receiving	☐ Missed Appointment	☐ Visit Pending
Allergy / Immunology	☐ Complete	Re-Referred Parent Declined/Refused Service	☐ Insurance/HMO Denied ☐ Service Not Available
	☐ Referred at Time of Visit	Other/Unknown Reason	Service (Not) (Valiable
	☐ Does Not Need	Referred, but Not Receiving (check reason)	
	☐ Receiving	☐ Missed Appointment	☐ Visit Pending
Audiology	☐ Complete	Re-Referred Parent Declined/Refused Service	☐ Insurance/HMO Denied☐ Service Not Available
	☐ Referred at Time of Visit	Other/Unknown Reason	Service (Vot) (Valiable
	☐ Does Not Need	Referred, but Not Receiving (check reason)	
	Receiving	☐ Missed Appointment	☐ Visit Pending
Cardiology	☐ Complete	Re-Referred Parent Declined/Refused Service	☐ Insurance/HMO Denied☐ Service Not Available
	☐ Referred at Time of Visit	Other/Unknown Reason	Service Not Available
	☐ Does Not Need	Referred, but Not Receiving (check reason)	
	☐ Receiving	☐ Missed Appointment	☐ Visit Pending☐ Insurance/HMO Denied
Craniofacial	☐ Complete	Re-Referred Parent Declined/Refused Service	Service Not Available
	Referred at Time of Visit	Other/Unknown Reason	
	☐ Does Not Need	Referred, but Not Receiving (check reason)	□ M: 1A :
Downstalow	Receiving	☐ Missed Appointment☐ Re-Referred	☐ Missed Appointment ☐ Re-Referred
Dermatology	Complete	Parent Declined/Refused Service	Parent Declined/Refused Service
	☐ Referred at Time of Visit ☐ Does Not Need	Other/Unknown Reason Referred, but Not Receiving (check reason)	Other/Unknown Reason
		☐ Missed Appointment	☐ Visit Pending
Endocrinology	☐ Receiving ☐ Complete	Re-Referred	☐ Insurance/HMO Denied
0 ,	<u>-</u>	Parent Declined/Refused Service	Service Not Available
	Referred at Time of Visit	Other/Unknown Reason Referred, but Not Receiving (check reason)	
	☐ Does Not Need	Missed Appointment	☐ Visit Pending
Gastroenterology	Receiving	Re-Referred	☐ Insurance/HMO Denied
	☐ Complete ☐ Referred at Time of Visit	Parent Declined/Refused Service Other/Unknown Reason	Service Not Available
	Does Not Need	Referred, but Not Receiving (check reason)	
	☐ Receiving	Missed Appointment	☐ Visit Pending
Hematology / Oncology	Complete	Re-Referred	☐ Insurance/HMO Denied
Officology	☐ Referred at Time of Visit	☐ Parent Declined/Refused Service ☐ Other/Unknown Reason	Service Not Available
	Does Not Need	Referred, but Not Receiving (check reason)	
	Receiving	☐ Missed Appointment	☐ Visit Pending
Metabolic / Genetics	☐ Complete	Re-Referred Parent Declined/Refused Service	☐ Insurance/HMO Denied☐ Service Not Available
	☐ Referred at Time of Visit	Other/Unknown Reason	Service Not Available
	☐ Does Not Need	Referred, but Not Receiving (check reason)	
	☐ Receiving	Missed Appointment	☐ Visit Pending
Nephrology	☐ Complete	Re-Referred Parent Declined/Refused Service	☐ Insurance/HMO Denied☐ Service Not Available
	☐ Referred at Time of Visit	Other/Unknown Reason	
	☐ Does Not Need	Referred, but Not Receiving (check reason)	_
	☐ Receiving	☐ Missed Appointment☐ Re-Referred	☐ Visit Pending ☐ Insurance/HMO Denied
Neurology	☐ Complete	☐ Re-Referred ☐ Parent Declined/Refused Service	☐ Insurance/HMO Denied ☐ Service Not Available
	☐ Referred at Time of Visit	Other/Unknown Reason	
	☐ Does Not Need	Referred, but Not Receiving (check reason)	
Name	Receiving	☐ Missed Appointment☐ Re-Referred	 ☐ Visit Pending ☐ Insurance/HMO Denied
Neurosurgery	☐ Complete☐ Referred at Time of Visit	☐ Parent Declined/Refused Service	Service Not Available





NAME:			_ (Last, F	irst)	HRIF	l.D. #	
	MEDI	CAL SER	VICES F	REVIEW	/ - continue		
Ophthalmology	□ Does Not Need□ Receiving□ Complete□ Referred at Time of Visi		Missed A	ppointmen ed eclined/Ref	used Service	☐ Visit Pending ☐ Insurance/HMC ☐ Service Not Av	
Orthopedic	□ Does Not Need□ Receiving□ Complete□ Referred at Time of Visi	t [Missed Ap Re-Refern Parent De Other/Ur	ppointmen red eclined/Ref aknown Re	used Service ason	☐ Visit Pending☐ Insurance/HMC☐ Service Not Av	
Otolaryngology (ENT)	 □ Does Not Need □ Receiving □ Complete □ Referred at Time of Visi 	t [Missed A _l Re-Referi Parent De Other/Ur	ppointmen red eclined/Ref nknown Re	used Service ason	☐ Visit Pending☐ Insurance/HMC☐ Service Not Av	
Pulmonology	☐ Does Not Need ☐ Receiving ☐ Complete ☐ Referred at Time of Visi	t [Missed Ap Re-Refern Parent Do Other/Ur	ppointmen red eclined/Ref nknown Re	used Service ason	☐ Visit Pending ☐ Insurance/HMC ☐ Service Not Av	
Surgery	☐ Does Not Need ☐ Receiving ☐ Complete ☐ Referred at Time of Visi	t [Missed A _l Re-Refern Parent De Other/Ur	ppointmen red eclined/Ref nknown Re	used Service ason	☐ Visit Pending ☐ Insurance/HMC ☐ Service Not Av	
Urology	☐ Does Not Need ☐ Receiving ☐ Complete ☐ Referred at Time of Visi		Missed Ap Re-Referr Parent De	ppointmen ed	used Service	☐ Visit Pending ☐ Insurance/HMC ☐ Service Not Av	
	NI	UROSE	NSORY .	ASSESS	SMENT		
Vision Assessment Histor	ry						
	tory of Retinopathy of Prema nt with Anti-VEGF (i.e., Avastin)?		?)? ation of RO	□ No □ No p.	☐ Yes ☐ Yes ☐ Unilateral	☐ Scheduled ☐ Bilateral	☐ Unknown
Does the Child Have Visu	ıal İmpairment?	Loca	tion of ito		Offinateral	Dilacei ai	
□ No (Skip to Hearing As							
	t Due To: (check all that appl	v)					
l — <u>-</u>	be of Impairment at Visit	1)					
☐ Strabisn	<u> </u>	Eye Surgery	ν?	□No	☐ Yes	Scheduled	
☐ Catarac		Eye Surgery		□ No	☐ Yes	☐ Scheduled	
☐ Retinob		Eye Surgery		_ No	☐ Yes	☐ Scheduled	
☐ Cortica☐ Nystagn☐ Other	l Visual Impairment nus	Refracti ROP Unknov	ive Errors				
B. Location of	Impairment:		☐ Unila	teral	☐ Bilateral	Unknown	
C. Corrective	Lens(es) Recommended:		☐ No		☐ Yes	Unknown	
D. Corrective	Lens(es) Used:		☐ No		☐ Yes	Unknown	
E. Is There Fu	nctional Vision?		☐ Yes		☐ No (complete be	:low)	
	Location o	f "Blindness"	☐ Unila	teral	☐ Bilateral	Unknown	
☐ Unknown Visual Impa							
1	Impairment Unknown?						
☐ Exam Results				-	ohthalmology Exam Perfo		
☐ Needs Refer				_	ed for Exam, Not Receiv		
	t Service Not Available				ed, but Parent Declines/F		
	t Insurance/HMO Denied Service	S			ed, but Missed Appointm		
☐ Referred for	Functional Vision Assessment			Function	onal Vision Assessment in	n Progress	





NAME:	(Last, First)	HRIF I.D. #

*Required Field

Required	Tield					
		NE	UROSENSOR	Y ASSESSMEN	Γ - continue	
Hearing A	Assessment History					
Does the	Child Have a Hearing	Loss (HL)?				
☐ No (SI	to Neurologic Asse	ssment)				
☐ Yes	A. Is There Loss in C	One or Both Ears?		ne 🗌 Both	Assessment in	Progress Unknown
	B. Does the Child U	se an Assistive Lis	tening Device (Al	LD):		
	☐ No				Yes, ALD Recommend	ded, but Not Received
	☐ Yes, ALD Reco	ommended and Rece	ived] Unknown	
	C. Type of ALD(s) U	Jsed (check all tha		☐ BAHA ☐ Hearing Aid	☐ Cochlear Impla☐ Other	ant FM System Unknown
Unkno	own Hearing Loss					
	Why is Hearing Los	s Unknown?				
	Exam Results Unkn	own		☐ No Au	ıdiology Exam Performe	ed
	☐ Needs Referral for	Exam		☐ Referr	ed for Exam, Not Recei	ived
	Referred, but Servi	ce Not Available		☐ Referr	ed, but Parent Declines	/Refuses Services
	Referred, but Insura	ance/HMO Denied S	ervices	☐ Referr	ed, but Missed Appoint	ment
☐ Heari	ng Assessment in Prog	gress (Skip to Neu r	ologic Assessmen	t)		
			NEUROLO	OGIC ASSESSM	ENT	
*Was a N	leurologic Exam Perfo	ormed During this	Core Visit?			
☐ Yes	Date Performed:]-	(MM-DD-YYYY)		
☐ No	Reason Why	☐ Acute Illness		-	ehavior Problems	☐ Examiner Not Available
	Exam <u>NOT</u> Performed:		RE Developmental D	· _	rimary Caregiver Refus	
			nsory Impairment/Lo	_	Other Medical Condition	
	rt of the Visit was Don y of Neurologic Assess		erson [Telehealth (audio + v	video observation)	☐ Phone Only
	_					
	al (skip to Developmer	ntal Assessment)				
☐ Abnor						
	Oral Motor Function -	Ass Annyanyists	Posponeos for th	o Following:		
	Feeding:	- Age Appropriate □ No			sport \Box I	Jnable to Determine
	J	□ 140 □ No	= -		•	Jnable to Determine Jnable to Determine
	Swallowing:				·	
	Management of Secretion Muscle Tone	ns: No	rmal Abn	ormal Su	spect 🔲 C	Jnable to Determine
			п			Пи и . Б :
	Neck	☐ Normal	☐ Increased	☐ Decreased	Suspect	Unable to Determine
	Trunk	☐ Normal	☐ Increased	Decreased	Suspect	Unable to Determine
	Right Upper Limb:	☐ Normal	☐ Increased	☐ Decreased	Suspect	Unable to Determine
	Left Upper Limb:	☐ Normal	☐ Increased	☐ Decreased	☐ Suspect	Unable to Determine
	Right Lower Limb:	☐ Normal	☐ Increased	☐ Decreased	☐ Suspect	Unable to Determine
	Left Lower Limb:	□ Normal	☐ Increased	Decreased	☐ Suspect	☐ Unable to Determine





NAME:			(Last, Fi	rst)	HRIF	I.D. #
*Required Field						
		NEUROLOG	IC ASSESS	MENT -	continue	
C. Is There S	cissoring of the Legs on Ve	rtical Suspension	n?	☐ No	☐ Yes	
D. Deep Ten	don Reflexes:					
Right Upper	r Limb: Normal	☐ Increased	☐ Decreased	I 🔲 Su	spect	☐ Unable to Determine
Left Upper	Limb: Normal	☐ Increased	☐ Decreased	I □ Su	spect	☐ Unable to Determine
Right Lowe	_	☐ Increased	☐ Decreased		=	ect Unable to Determine
Left Lower		☐ Increased	☐ Decreased			
E. Are Persis	tent Primitive Reflexes Pre	esent?	□No	☐ Yes		Unknown
F. Are Abnor	mal Involuntary Movemen	ts Present?	□No	☐ Yes (cl	heck all that apply)	Unknown
	,			☐ Ataxia		netoid
G. Ouality of	Movement and Posture:		☐ Normal	☐ Abnor	mal Susp	ect Unable to Determine
Functional Assessme						
A. Bimanu		□ Norn	nal \square A	bnormal	Suspect	☐ Unable to Determine
	d is ≥ 15 Months Adjusted Age				Guspece	_ Onable to Determine
B. Right Pi		□ Norn	nal ΠΔ	bnormal	Suspect	☐ Unable to Determine
C. Left Pin	•	☐ Norn		bnormal	☐ Suspect	☐ Unable to Determine
C. Leit I III	cer Grasp		EBRAL PAI		·	- Onable to Determine
Was Farly Corobral	Palsy Diagnosis Made? (Con			<u> </u>		
	opmental Assessment)	ipiete ij tile Cilia is	< TO Monuis Aujo	isted Age)		
Yes	opinental Assessment)					
		ar Earl Bhaire		Dala a Zalaa	al all disaction of X	
<u></u>	Assessment Used to Arrive	•				DAYC
	fant Motor Scale (AIMS) lovement Assessment (GMA)				of Young Children (logical Exam (HINE)	•
	sessment of Infants (MAI)		Magnetic Reso			
	cal exam with GMFCS assessm		Neuro Sensor	Motor Deve	elopmental Assessme	ent (NSMDA)
☐ Test of Inf	ant Motor Performance (TIMP) L	Other:			
	e Cerebral Palsy? (Complete if	f the Child is $\geq 18 N$	lonths Adjusted A	ge)		
	opmental Assessment)					
Yes						
☐ Suspect						
Gross Motor I	Function Classification Syst	em (GMFCS) Ac	djusted Age: (check only o	one)	
Child 18 - 2	4 months of age adjusted for pre	maturity	C	hild ≥ 24 - 36	6 months of age adjust	ed for prematurity
Level I	Leve		1 =	Level I		Level IV
☐ Level II	☐ Leve	ol V ble to Determine		Level II Level III		☐ Level V ☐ Unable to Determine
☐ Unable to Determ		bie to Determine	-	_ Level III		Gliable to Determine
		/ELOPMENT	AL CORE	VISIT AS	SESSMENIT	
*Was a Developmen	ital Assessment Screener o				JEJJITEN I	
vvas a Bevelopinen				Core visiti		
☐ Yes Date P	erformed:	<u> </u>	MM-DD-	YYYY)		
□ No Reason	Why Acute Illnes	is		☐ Be	havior Problems	☐ Examiner Not Available
Assessm		ERE Development	-	_	imary Caregiver Refu	, , ,
Perform	ied: La Significant S	Sensory Impairment	t/Loss		ther Medical Conditi	on Other
*This Part of the Vis	it was Done by:	-person	☐ Telehealth	(audio + vide	eo observation)	☐ Phone Only
		DEVELO	PMENTAL	SCREEN	EDC	
				JUNEEN		
Ages and Stages Que	estionnaire 3 rd Edition (AS					
Communication	On Schedule	Q-3) - check approp	briate scoring zon		Unable to Assess	☐ Did Not Assess
Communication Gross Motor	On Schedule On Schedule	Q-3) - check approp Monitor Monitor	briate scoring zon Below Below	e \Box	Unable to Assess Unable to Assess	Did Not Assess
Communication	On Schedule	Q-3) - check approp	briate scoring zon	e \Box	Unable to Assess	<u>_</u>





NAME:	(Last, First)	HRIF I.D. #

DEVELOPMENTAL SCREENERS - continue

		VELOPMENTAL 3C			
Bayley Infant Neurodevelopi	mental Screener (BII	NS) – check appropriate range			
Overall Classification:	☐ Low Risk	☐ Medium Risk	☐ High Risk	☐ Unable	to Assess
Battelle Developmental Inve	ntory Screening Tes	t, 2 nd Edition (BDIST) - che	ck appropriate range		
Adaptive Domain:	☐ Pass	☐ Refer	☐ Unab	ole to Assess	☐ Did Not Assess
Personal-Social Domain:	☐ Pass	☐ Refer	☐ Unab	ole to Assess	☐ Did Not Assess
Communication:	☐ Pass	☐ Refer	☐ Unab	ole to Assess	☐ Did Not Assess
Motor Domain:	☐ Pass	☐ Refer	☐ Unab	ole to Assess	☐ Did Not Assess
Cognitive Domain:	☐ Pass	☐ Refer	☐ Unab	ole to Assess	☐ Did Not Assess
Bayley Scales of Infant and T	oddler Developmen	t Screener III (Bayley-III) -	check appropriate rang	ge	
Cognitive:	☐ Competent	☐ Emerging	☐ At Risk	☐ Unable to Asses	s Did Not Assess
Receptive Language:	☐ Competent	☐ Emerging	☐ At Risk	☐ Unable to Asses	s Did Not Assess
Expressive Language:	☐ Competent	☐ Emerging	☐ At Risk	Unable to Asses	s Did Not Assess
Fine Motor:	☐ Competent	☐ Emerging	☐ At Risk	Unable to Asses	s Did Not Assess
Gross Motor:	☐ Competent	☐ Emerging	☐ At Risk	Unable to Asses	s Did Not Assess
Bayley Scales of Infant and T	oddler Developmen	t Screener 4 (Bayley 4) - ch	eck appropriate range		
Cognitive:	☐ Low Risk	☐ Borderline Risk	☐ High Risk	Unable to Asses	s Did Not Assess
Receptive Language:	☐ Low Risk	☐ Borderline Risk	☐ High Risk	Unable to Asses	s Did Not Assess
Expressive Language:	☐ Low Risk	☐ Borderline Risk	☐ High Risk	Unable to Asses	s Did Not Assess
Fine Motor:	☐ Low Risk	☐ Borderline Risk	☐ High Risk	Unable to Asses	s Did Not Assess
Gross Motor:	☐ Low Risk	☐ Borderline Risk	☐ High Risk	Unable to Asses	s Did Not Assess
The Capute Scales/The Cog	nitive Adaptive Test/	Clinical Linguistic and Aud	litory Milestone Sca	ale Screener (CAT-C	LAMS) - enter score
Language Auditory (CLAMS)	Score:	☐ Unable	to Assess	☐ Did Not Assess	
Cognitive Adaptive (CAT)	Score:	☐ Unable	to Assess	☐ Did Not Assess	
Full Scale Capute	Score:	☐ Unable	to Assess	☐ Did Not Assess	
Warner Initial Development	al Evaluation of Ada	ptive and Functional Skills	(WIDEA-FS) - enter	score	
Self-Care	Score:	☐ Unable	to Assess	☐ Did Not Assess	
Mobility	Score:	☐ Unable	to Assess	☐ Did Not Assess	
Communication	Score:	☐ Unable	to Assess	☐ Did Not Assess	
Social Cognition	Score:	☐ Unable	to Assess	☐ Did Not Assess	
Other/Not Listed Screener					check appropriate range
Other/Not Listed Screener: Cognitive:	□ Normal □] Mild/Moderate	iignificant		 – check appropriate range ☐ Did Not Assess
Cognitive:	□ Normal □	Mild/Moderate	ignificant	Unable to Assess	☐ Did Not Assess
Cognitive: Receptive Language:	□ Normal □	Mild/Moderate S Mild/Moderate S	ignificant U	Unable to Assess Unable to Assess	☐ Did Not Assess ☐ Did Not Assess
Cognitive: Receptive Language: Expressive Language:	Normal Normal Normal	Mild/Moderate	ignificant U ignificant U ignificant U	Unable to Assess Unable to Assess Unable to Assess	☐ Did Not Assess ☐ Did Not Assess ☐ Did Not Assess
Cognitive: Receptive Language: Expressive Language: Language Composite:	Normal Normal Normal Normal	Mild/Moderate S Mild/Moderate Mild/Moderate S Mild/Moderate Mild/Moderate S Mild/Moderate Mild/Moderate Mild/Moderate Mild/Moderate Mild/Mod	ignificant U ignificant U ignificant U ignificant U ignificant U	Unable to Assess Unable to Assess Unable to Assess Unable to Assess	☐ Did Not Assess ☐ Did Not Assess ☐ Did Not Assess ☐ Did Not Assess
Cognitive: Receptive Language: Expressive Language: Language Composite: Gross Motor:	Normal Normal Normal Normal Normal	Mild/Moderate	ignificant U ignificant U ignificant U ignificant U ignificant U ignificant U	Unable to Assess	☐ Did Not Assess
Cognitive: Receptive Language: Expressive Language: Language Composite: Gross Motor: Fine Motor:	Normal Normal Normal Normal Normal Normal	Mild/Moderate	ignificant U	Unable to Assess	☐ Did Not Assess
Cognitive: Receptive Language: Expressive Language: Language Composite: Gross Motor: Fine Motor: Motor Composite:	Normal Normal Normal Normal Normal Normal Normal Normal	Mild/Moderate S Mild	ignificant U	Unable to Assess	☐ Did Not Assess





NAME:	_ (Last, First)	HRIF I.D. #

	DEVELOPME	INTAL TESTS	
Bayley Scales of Infant and Toddler Devel	opment (Bayley-III) "Hardcop	y" - enter score	
Cognitive Composite (Standard Score)	Score:	☐ Unable to Assess	☐ Did Not Assess
Receptive Language (Scaled Score)	Score:	☐ Unable to Assess	☐ Did Not Assess
Expressive Language (Scaled Score)	Score:	☐ Unable to Assess	☐ Did Not Assess
Language Composite (Standard Score)	Score:	☐ Unable to Assess	☐ Did Not Assess
Fine Motor (Scaled Score)	Score:	☐ Unable to Assess	☐ Did Not Assess
Gross Motor (Scaled Score)	Score:	☐ Unable to Assess	☐ Did Not Assess
Motor Composite (Standard Score)	Score:	☐ Unable to Assess	☐ Did Not Assess
Social-Emotional Composite (Standard Score)	Score:	☐ Unable to Assess	☐ Did Not Assess
Adaptive-Behavior Composite (Standard Score)		☐ Unable to Assess	☐ Did Not Assess
Bayley Scales of Infant and Toddler Devel	opment (Bayley-III) "Compute	er" - enter score	
Receptive Language (Scaled Score)	Score:	☐ Unable to Assess	☐ Did Not Assess
Expressive Language (Scaled Score)	Score:	☐ Unable to Assess	☐ Did Not Assess
Fine Motor (Scaled Score)	Score:	☐ Unable to Assess	☐ Did Not Assess
Gross Motor (Scaled Score)	Score:	☐ Unable to Assess	☐ Did Not Assess
Cognitive Composite (Standard Score)	Score:	☐ Unable to Assess	☐ Did Not Assess
Language Composite (Standard Score)	Score:	☐ Unable to Assess	☐ Did Not Assess
Motor Composite (Standard Score)	Score:	☐ Unable to Assess	☐ Did Not Assess
Personal-Social Composite (Standard Score)	Score:	☐ Unable to Assess	☐ Did Not Assess
Adaptive Composite (Standard Score)	Score:	☐ Unable to Assess	☐ Did Not Assess
Bayley Scales of Infant and Toddler Devel			
Bayley Scales of Infant and Toddler Devel Cognitive (Standard Score)	Score:	y'' - enter score Unable to Assess	☐ Did Not Assess
	Score:		☐ Did Not Assess ☐ Did Not Assess
Cognitive (Standard Score)		☐ Unable to Assess	
Cognitive (Standard Score) Receptive Language (Scaled Score)	Score:	☐ Unable to Assess ☐ Unable to Assess	☐ Did Not Assess
Cognitive (Standard Score) Receptive Language (Scaled Score) Expressive Language (Scaled Score)	Score: Score:	☐ Unable to Assess ☐ Unable to Assess ☐ Unable to Assess	☐ Did Not Assess ☐ Did Not Assess
Cognitive (Standard Score) Receptive Language (Scaled Score) Expressive Language (Scaled Score) Language (Standard Score)	Score: Score: Score:	☐ Unable to Assess ☐ Unable to Assess ☐ Unable to Assess ☐ Unable to Assess	☐ Did Not Assess ☐ Did Not Assess ☐ Did Not Assess
Cognitive (Standard Score) Receptive Language (Scaled Score) Expressive Language (Scaled Score) Language (Standard Score) Fine Motor (Scaled Score)	Score: Score: Score: Score: Score: Score: Score:	☐ Unable to Assess	☐ Did Not Assess ☐ Did Not Assess ☐ Did Not Assess ☐ Did Not Assess
Cognitive (Standard Score) Receptive Language (Scaled Score) Expressive Language (Scaled Score) Language (Standard Score) Fine Motor (Scaled Score) Gross Motor (Scaled Score)	Score: Score: Score: Score: Score: Score: Score:	☐ Unable to Assess	☐ Did Not Assess
Cognitive (Standard Score) Receptive Language (Scaled Score) Expressive Language (Scaled Score) Language (Standard Score) Fine Motor (Scaled Score) Gross Motor (Scaled Score) Motor (Standard Score)	Score: Score: Score: Score: Score:	☐ Unable to Assess	☐ Did Not Assess
Cognitive (Standard Score) Receptive Language (Scaled Score) Expressive Language (Scaled Score) Language (Standard Score) Fine Motor (Scaled Score) Gross Motor (Scaled Score) Motor (Standard Score) Social-Emotional (Standard Score) Adaptive-Behavior (Standard Score)	Score: Score: Score: Score: Score: Score: Score: Score: Score:	☐ Unable to Assess	☐ Did Not Assess
Cognitive (Standard Score) Receptive Language (Scaled Score) Expressive Language (Scaled Score) Language (Standard Score) Fine Motor (Scaled Score) Gross Motor (Scaled Score) Motor (Standard Score) Social-Emotional (Standard Score)	Score: Score: Score: Score: Score: Score: Score: Score: Score:	☐ Unable to Assess	☐ Did Not Assess
Cognitive (Standard Score) Receptive Language (Scaled Score) Expressive Language (Scaled Score) Language (Standard Score) Fine Motor (Scaled Score) Gross Motor (Scaled Score) Motor (Standard Score) Social-Emotional (Standard Score) Adaptive-Behavior (Standard Score) Bayley Scales of Infant and Toddler Devel	Score:	☐ Unable to Assess	☐ Did Not Assess
Cognitive (Standard Score) Receptive Language (Scaled Score) Expressive Language (Scaled Score) Language (Standard Score) Fine Motor (Scaled Score) Gross Motor (Scaled Score) Motor (Standard Score) Social-Emotional (Standard Score) Adaptive-Behavior (Standard Score) Bayley Scales of Infant and Toddler Devel Receptive Language (Scaled Score)	Score:	☐ Unable to Assess	☐ Did Not Assess
Cognitive (Standard Score) Receptive Language (Scaled Score) Expressive Language (Scaled Score) Language (Standard Score) Fine Motor (Scaled Score) Gross Motor (Scaled Score) Motor (Standard Score) Social-Emotional (Standard Score) Adaptive-Behavior (Standard Score) Bayley Scales of Infant and Toddler Devel Receptive Language (Scaled Score) Expressive Language (Scaled Score)	Score:	☐ Unable to Assess	□ Did Not Assess
Cognitive (Standard Score) Receptive Language (Scaled Score) Expressive Language (Scaled Score) Language (Standard Score) Fine Motor (Scaled Score) Gross Motor (Scaled Score) Motor (Standard Score) Social-Emotional (Standard Score) Adaptive-Behavior (Standard Score) Bayley Scales of Infant and Toddler Devel Receptive Language (Scaled Score) Expressive Language (Scaled Score) Fine Motor (Scaled Score)	Score:	☐ Unable to Assess	□ Did Not Assess
Cognitive (Standard Score) Receptive Language (Scaled Score) Expressive Language (Scaled Score) Language (Standard Score) Fine Motor (Scaled Score) Gross Motor (Scaled Score) Motor (Standard Score) Social-Emotional (Standard Score) Adaptive-Behavior (Standard Score) Bayley Scales of Infant and Toddler Devel Receptive Language (Scaled Score) Expressive Language (Scaled Score) Fine Motor (Scaled Score) Gross Motor (Scaled Score)	Score:	☐ Unable to Assess	□ Did Not Assess
Cognitive (Standard Score) Receptive Language (Scaled Score) Expressive Language (Scaled Score) Language (Standard Score) Fine Motor (Scaled Score) Gross Motor (Scaled Score) Motor (Standard Score) Social-Emotional (Standard Score) Adaptive-Behavior (Standard Score) Bayley Scales of Infant and Toddler Devel Receptive Language (Scaled Score) Expressive Language (Scaled Score) Fine Motor (Scaled Score) Gross Motor (Scaled Score) Cognitive (Standard Score)	Score:	☐ Unable to Assess	□ Did Not Assess
Cognitive (Standard Score) Receptive Language (Scaled Score) Expressive Language (Scaled Score) Language (Standard Score) Fine Motor (Scaled Score) Gross Motor (Scaled Score) Motor (Standard Score) Social-Emotional (Standard Score) Adaptive-Behavior (Standard Score) Bayley Scales of Infant and Toddler Devel Receptive Language (Scaled Score) Expressive Language (Scaled Score) Fine Motor (Scaled Score) Gross Motor (Scaled Score) Cognitive (Standard Score) Language (Standard Score)	Score:	☐ Unable to Assess	□ Did Not Assess □ Did Not Assess





NAME:		(Last, First)	HRIF I.D. #				
DEVELOPMENTAL TESTS - continue							
Battelle Developmental Inventory	, 3 rd Edition (BDI-3) - enter	score					
Adaptive Domain	Score:	☐ Unable to Assess	☐ Did Not Assess				
Personal-Social Domain	Score:	☐ Unable to Assess	☐ Did Not Assess				
Receptive Language Scale	Score:	☐ Unable to Assess	☐ Did Not Assess				
Expressive Language Scale	Score:	Unable to Assess	Did Not Assess				
Communication Domain	Score:	☐ Unable to Assess	☐ Did Not Assess				
Gross Motor Scale	Score:	Unable to Assess	Did Not Assess				
Fine Motor Scale	Score:	Unable to Assess	☐ Did Not Assess				
Motor Domain	Score:	Unable to Assess	☐ Did Not Assess				
Cognitive Domain	Score:	Unable to Assess	☐ Did Not Assess				
Revised Gesell and Amatruda Dev Language Development	_	ic Examination (Gesell) - enter score Unable to Assess	☐ Did Not Assess				
Fine Motor	Score:	Unable to Assess	☐ Did Not Assess				
Gross Motor	Score:	☐ Unable to Assess	☐ Did Not Assess				
Personal-Social	Score:	☐ Unable to Assess	☐ Did Not Assess				
Adaptive	Score:	☐ Unable to Assess	☐ Did Not Assess				
Mullen Scales of Early Learning - A	AGS Edition (Mullen) - ente	er score					
Gross Motor Scale	Score:	☐ Unable to Assess	☐ Did Not Assess				
Visual Perception	Score:		☐ Did Not Assess				
Fine Motor Scale	Score:	☐ Unable to Assess	☐ Did Not Assess				
Receptive Language Scale	Score:	☐ Unable to Assess	☐ Did Not Assess				
Expressive Language Scale	Score:	☐ Unable to Assess	☐ Did Not Assess				
Early Learning Composite	Score:	☐ Unable to Assess	☐ Did Not Assess				
The Developmental Assessment of	of Young Children 2nd Editi	on (DAYC-2) - enter score					
Cognitive	Score:	☐ Unable to Assess	☐ Did Not Assess				
Communication	Score:	☐ Unable to Assess	☐ Did Not Assess				
Social-Emotional	Score:	☐ Unable to Assess	☐ Did Not Assess				
Physical Development	Score:	☐ Unable to Assess	☐ Did Not Assess				
Adaptive Behavior	Score:	☐ Unable to Assess	☐ Did Not Assess				
Developmental Profile 3 (DP-3) -	enter score						
Physical	Score:	☐ Unable to Assess	☐ Did Not Assess				
Adaptive Behavior	Score:	☐ Unable to Assess	☐ Did Not Assess				
Social-Emotional	Score:	☐ Unable to Assess	☐ Did Not Assess				
Cognitive	Score:	☐ Unable to Assess	☐ Did Not Assess				
Communication	Score:	☐ Unable to Assess	☐ Did Not Assess				
Developmental Profile 4 (DP-4) -	enter score						
Physical	Score:	☐ Unable to Assess	☐ Did Not Assess				
Adaptive Behavior	Score:	☐ Unable to Assess	☐ Did Not Assess				
Social-Emotional	Score:	☐ Unable to Assess	☐ Did Not Assess				
Cognitive	Score:	☐ Unable to Assess	☐ Did Not Assess				
Communication	Score:	☐ Unable to Assess	☐ Did Not Assess				





	·	
NAME:	(Last, First)	HRIF I.D. #

DEVELOPMENTAL TESTS - continue						
Other/Not Listed Test:	- check appropriate range			propriate range		
Cognitive:	□ Normal	☐ Mild/Moderate	☐ Significant	Unable to A	Assess	Did Not Assess
Receptive Language:	□ Normal [☐ Mild/Moderate	☐ Significant	Unable to A	Assess	Did Not Assess
Expressive Language:	☐ Normal	☐ Mild/Moderate	☐ Significant	☐ Unable to A	Assess	Did Not Assess
Language Composite:	□ Normal [☐ Mild/Moderate	☐ Significant	Unable to A	Assess	Did Not Assess
Gross Motor:	☐ Normal [☐ Normal ☐ Mild/Moderate		☐ Unable to A	Assess	Did Not Assess
Fine Motor:	☐ Normal [□ Normal □ Mild/Moderate		☐ Unable to A	Assess	Did Not Assess
Motor Composite:	☐ Normal [☐ Mild/Moderate	☐ Significant	Unable to A	Assess	Did Not Assess
Personal-Social:	☐ Normal [☐ Mild/Moderate	☐ Significant	☐ Unable to A	Assess	Did Not Assess
Adaptive:	□ Normal [☐ Mild/Moderate	☐ Significant	Unable to A	Assess	Did Not Assess
Other:	☐ Normal	☐ Mild/Moderate	☐ Significant	Unable to A	Assess	Did Not Assess
		AUTISM SPEC	CTRUM SCREEN (Optional)		
Has a Diagnosis of Autism	Spectrum Disorder E	Been Made?	□ No □ Y	es (Skip to Early S	tart Program)	
Was an Autism Spectrum	Screen Performed D	uring this Visit?	□ No	☐ Yes (comp	lete below)	
Screening Tool Used:	☐ M-CHAT-RF	Screening Resu	ults: Pass	м-сна	T-RF Risk Level:	☐ Low Risk
	☐ CSBS-DP		☐ Did Not Pass			☐ Medium Risk
	Other/Not Listed					☐ High Risk
Was the Infant Referred f	or Further Autism Sp	ectrum Assessme	nt? No	☐ Yes		
		EARLY S	TART (ES) PROGR	AM		
Is the Child Currently Receiving Early Intervention Services Through Early Start (Regional Center and/or LEA)? (check only one)						
Is the Child Currently Rec	ceiving Early Intervent	tion Services Thro	ugh Early Start (Regiona	l Center and/or	LEA)? (check only	one)
☐ Yes	☐ No, Complete	☐ No, No	ot Required	☐ No, Re	eferred at Visit	one) No, Referral Failure
l <u> </u>		☐ No, No sed ☐ No, De	ot Required etermined Ineligible by E	☐ No, Re S ☐ Unkno	eferred at Visit	<u> </u>
☐ Yes ☐ No, Pending Services	☐ No, Complete ☐ No, Parent Refus	☐ No, No sed ☐ No, De MEDICAL TH	ot Required etermined Ineligible by E HERAPY PROGRAM	□ No, Ro S □ Unkno 1 (MTP)	eferred at Visit	<u> </u>
☐ Yes	☐ No, Complete ☐ No, Parent Refuse:	☐ No, No sed ☐ No, De MEDICAL TH	ot Required etermined Ineligible by E HERAPY PROGRAM Therapy Program (MTP)	□ No, Ro S □ Unkno 1 (MTP) C (check only one)	eferred at Visit own	□ No, Referral Failure
☐ Yes ☐ No, Pending Services Is the Child Currently Rec	☐ No, Complete ☐ No, Parent Refus	☐ No, No sed ☐ No, De MEDICAL TH ugh CCS Medical T	ot Required etermined Ineligible by E HERAPY PROGRAM	□ No, Ro S □ Unkno 1 (MTP) ? (check <u>only</u> one) □ No, Ro	eferred at Visit	<u> </u>
☐ Yes ☐ No, Pending Services Is the Child Currently Rec ☐ Yes ☐ No, Pending Services	□ No, Complete □ No, Parent Refuse ceiving Services Throut □ No, Complete □ No, Parent Refuse	☐ No, No sed ☐ No, De MEDICAL TH ugh CCS Medical T ☐ No, No sed ☐ No, De SPECIA	ot Required etermined Ineligible by E HERAPY PROGRAM Therapy Program (MTP) ot Required	□ No, Ro S □ Unkno 1 (MTP) (check only one) □ No, Ro S □ Unkno	eferred at Visit	□ No, Referral Failure
☐ Yes ☐ No, Pending Services Is the Child Currently Rec ☐ Yes ☐ No, Pending Services Is the Child Receiving or Be	No, Complete No, Parent Refuse ceiving Services Throut No, Complete No, Parent Refuse Being Referred for Spe	☐ No, No sed ☐ No, De MEDICAL TH ugh CCS Medical T ☐ No, No sed ☐ No, De SPECIA	ot Required etermined Ineligible by E HERAPY PROGRAM Therapy Program (MTP) ot Required etermined Ineligible by E L SERVICES REVIE	□ No, Ro S □ Unkno O (Check only one) □ No, Ro S □ Unkno W	eferred at Visit	□ No, Referral Failure
☐ Yes ☐ No, Pending Services Is the Child Currently Rec ☐ Yes ☐ No, Pending Services	No, Complete No, Parent Refuse ceiving Services Throut No, Complete No, Parent Refuse Being Referred for Spe	☐ No, No sed ☐ No, De MEDICAL TH ugh CCS Medical T ☐ No, No sed ☐ No, De SPECIA	ot Required etermined Ineligible by E HERAPY PROGRAM Therapy Program (MTP) ot Required etermined Ineligible by E L SERVICES REVIE	□ No, Ro S □ Unkno 1 (MTP) ? (check only one) □ No, Ro S □ Unkno W	eferred at Visit	□ No, Referral Failure
☐ Yes ☐ No, Pending Services Is the Child Currently Rec ☐ Yes ☐ No, Pending Services Is the Child Receiving or Be	No, Complete No, Parent Refuse Ceiving Services Through No, Complete No, Parent Refuse Being Referred for Speated Social Concerns) □ Does Not Need □ Receiving	☐ No, No sed ☐ No, De MEDICAL TH ugh CCS Medical T ☐ No, No sed ☐ No, De SPECIA ecial Services?	ot Required etermined Ineligible by E HERAPY PROGRAM Therapy Program (MTP) ot Required etermined Ineligible by E L SERVICES REVIE Yes (Complete below) Referred, but Not Rece	□ No, Ro S □ Unkno 1 (MTP) ? (check only one) □ No, Ro S □ Unkno W	eferred at Visit eferred at Visit own Win Waiting	□ No, Referral Failure □ No, Referral Failure □ List / Visit Pending
☐ Yes ☐ No, Pending Services Is the Child Currently Rec ☐ Yes ☐ No, Pending Services Is the Child Receiving or Be	No, Complete No, Parent Refus Teiving Services Through No, Complete No, Parent Refus Being Referred for Speciand Social Concerns) Does Not Need Receiving Receiving - Incres	☐ No, No sed ☐ No, De MEDICAL TH ugh CCS Medical T ☐ No, No sed ☐ No, De SPECIA ecial Services?	ot Required etermined Ineligible by E HERAPY PROGRAM Therapy Program (MTP) ot Required etermined Ineligible by E L SERVICES REVIE Yes (Complete below) Referred, but Not Rece Missed Appointment Re-Referred	□ No, Ro S □ Unkno 1 (MTP) ? (check only one) □ No, Ro S □ Unkno W	eferred at Visit eferred at Visit own Wn Waiting Insurance	□ No, Referral Failure □ No, Referral Failure □ List / Visit Pending e/HMO Denied
☐ Yes ☐ No, Pending Services Is the Child Currently Rec ☐ Yes ☐ No, Pending Services Is the Child Receiving or Be	No, Complete No, Parent Refuse Ceiving Services Through No, Complete No, Parent Refuse Being Referred for Speated Social Concerns) □ Does Not Need □ Receiving	□ No, No sed □ No, De MEDICAL TH ugh CCS Medical T □ No, No sed □ No, De SPECIA ecial Services?	ot Required etermined Ineligible by E HERAPY PROGRAM Therapy Program (MTP) ot Required etermined Ineligible by E L SERVICES REVIE Yes (Complete below) Referred, but Not Rece	□ No, Ro S □ Unknot Of (MTP) P (check only one) □ No, Ro S □ Unknot W □ Unknot civing (check reaso	eferred at Visit eferred at Visit own Waiting Insurance Service (□ No, Referral Failure □ No, Referral Failure □ List / Visit Pending e/HMO Denied
☐ Yes ☐ No, Pending Services Is the Child Currently Rec ☐ Yes ☐ No, Pending Services Is the Child Receiving or B ☐ No (Skip to Resources a	No, Complete No, Parent Refus Teiving Services Throut No, Complete No, Parent Refus Being Referred for Spectand Social Concerns) Does Not Need Receiving Receiving - Increa	□ No, No sed □ No, De MEDICAL TH ugh CCS Medical T □ No, No sed □ No, De SPECIA ecial Services?	termined Ineligible by Ederation of Ineligible by Ederation of Ineligible by Ederated Program (MTP) of Required Ederation of Ineligible by Education of Inel	□ No, Ro S □ Unknot Of (MTP) P (check only one) □ No, Ro S □ Unknot W □ Unknot civing (check reaso	eferred at Visit bwn eferred at Visit bwn Waiting Insurance Service (No, Referral Failure No, Referral Failure List / Visit Pending e/HMO Denied Cancelled nknown Reason
☐ Yes ☐ No, Pending Services Is the Child Currently Rec ☐ Yes ☐ No, Pending Services Is the Child Receiving or B ☐ No (Skip to Resources a	No, Complete No, Parent Refus Teiving Services Throut No, Complete No, Parent Refus Being Referred for Speand Social Concerns) Does Not Need Receiving Receiving - Increase Complete Referred at Tim	□ No, No sed □ No, De MEDICAL TH agh CCS Medical T □ No, No sed □ No, De SPECIA ecial Services? ease Frequency se of Visit	termined Ineligible by Ederation of Ineligible by Ederation of Ineligible by Ederated Program (MTP) of Required Ederation of Ineligible by Education of Inel	□ No, Ro S □ Unkno O (check only one) □ No, Ro S □ Unkno W □ Unkno civing (check reaso	eferred at Visit eferred at Visit own Waiting Insurance Service C	No, Referral Failure No, Referral Failure List / Visit Pending e/HMO Denied Cancelled nknown Reason
☐ Yes ☐ No, Pending Services Is the Child Currently Rec ☐ Yes ☐ No, Pending Services Is the Child Receiving or B ☐ No (Skip to Resources a	No, Complete No, Parent Refus Seiving Services Throut No, Complete No, Parent Refus Being Referred for Spectand Social Concerns) Does Not Need Receiving Receiving - Increed Referred at Tim Service Provider: Early Intervention Other Does Not Need	□ No, No sed □ No, De MEDICAL TH agh CCS Medical T □ No, No sed □ No, De SPECIA ecial Services? ease Frequency se of Visit	termined Ineligible by E IERAPY PROGRAM Therapy Program (MTP) The Required Extermined Ineligible by E L SERVICES REVIE Yes (Complete below) Referred, but Not Rece Missed Appointment Re-Referred Service Not Available Parent Declined/Refuse Licensed Clinical Social Unknown Referred, but Not Rece	□ No, Ro S □ Unknot (MTP) R (check only one) □ No, Ro S □ Unknot Unknot iving (check reaso	eferred at Visit own eferred at Visit own Waiting Insurance Service (Other/U	□ No, Referral Failure □ No, Referral Failure □ List / Visit Pending e/HMO Denied Cancelled nknown Reason gist
☐ Yes ☐ No, Pending Services Is the Child Currently Rec ☐ Yes ☐ No, Pending Services Is the Child Receiving or B ☐ No (Skip to Resources a	No, Complete No, Parent Refus ceiving Services Throut No, Complete No, Parent Refus Being Referred for Spectand Social Concerns) Does Not Need Receiving Receiving - Increed Referred at Times Service Provider: Early Intervention Other Does Not Need Receiving	□ No, No, Sed □ No, De MEDICAL THE Igh CCS Me	termined Ineligible by Edermined Ineligible By Edermin	□ No, Ro S □ Unknot (MTP) R (check only one) □ No, Ro S □ Unknot Unknot iving (check reaso	eferred at Visit own eferred at Visit own Waiting Insurance Service (Other/U Psycholo	□ No, Referral Failure □ No, Referral Failure □ List / Visit Pending e/HMO Denied Cancelled nknown Reason gist List / Visit Pending
☐ Yes ☐ No, Pending Services Is the Child Currently Rec ☐ Yes ☐ No, Pending Services Is the Child Receiving or B ☐ No (Skip to Resources a	No, Complete No, Parent Refuse Seiving Services Throut No, Complete No, Parent Refuse Being Referred for Speared Social Concerns) Does Not Need Receiving	□ No, No sed □ No, De MEDICAL TH agh CCS Medical T □ No, No sed □ No, De SPECIA ecial Services? Pease Frequency se of Visit Specialist Pease Frequency	termined Ineligible by Ederatined Ineligible by Ederatined Ineligible by Ederator Program (MTP) of Required Ineligible by Ederatined Ineligible by Ederator Ineligible By Ederat	No, Ro S	eferred at Visit bwn eferred at Visit bwn Waiting Insurance Other/U Psycholo Insurance Service (Ser	No, Referral Failure No, Referral Failure No, Referral Failure List / Visit Pending e/HMO Denied Cancelled nknown Reason gist List / Visit Pending e/HMO Denied Cancelled Cancelled
☐ Yes ☐ No, Pending Services Is the Child Currently Rec ☐ Yes ☐ No, Pending Services Is the Child Receiving or B ☐ No (Skip to Resources a	No, Complete No, Parent Refuse Seiving Services Throut No, Complete No, Parent Refuse Being Referred for Speared Social Concerns) Does Not Need Receiving	□ No, No sed □ No, De MEDICAL TH agh CCS Medical T □ No, No sed □ No, De SPECIA ecial Services? Pease Frequency se of Visit Specialist Pease Frequency	termined Ineligible by Edermined Ineligible By Edermin	No, Ro S	eferred at Visit bwn eferred at Visit bwn Waiting Insurance Other/U Psycholo Insurance Service (Ser	□ No, Referral Failure □ No, Referral Failure □ No, Referral Failure List / Visit Pending e/HMO Denied Cancelled nknown Reason gist List / Visit Pending e/HMO Denied
☐ Yes ☐ No, Pending Services Is the Child Currently Rec ☐ Yes ☐ No, Pending Services Is the Child Receiving or B ☐ No (Skip to Resources a	No, Complete No, Parent Refuse No, Parent Refuse No, Complete No, Parent Refuse No, Parent Refuse Being Referred for Speand Social Concerns) Does Not Need Receiving - Increed Referred at Times Service Provider: Does Not Need Receiving - Increed Reservice Provider: Service Provider:	□ No, No sed □ No, De MEDICAL TH agh CCS Medical T □ No, No sed □ No, De SPECIA ecial Services? Dease Frequency se of Visit Dease Frequency se of Visit	termined Ineligible by Edermined Ineligible By Edermin	No, Ro S	eferred at Visit own eferred at Visit own Waiting Insurance Service (Other/U Waiting Insurance Service (Other/U	No, Referral Failure No, Referral Failure List / Visit Pending e/HMO Denied Cancelled nknown Reason gist List / Visit Pending e/HMO Denied Cancelled cancelled nknown Reason
☐ Yes ☐ No, Pending Services Is the Child Currently Rec ☐ Yes ☐ No, Pending Services Is the Child Receiving or B ☐ No (Skip to Resources a	No, Complete No, Parent Refuse Seiving Services Throut No, Complete No, Parent Refuse Being Referred for Speared Social Concerns) Does Not Need Receiving	□ No, No sed □ No, De MEDICAL TH agh CCS Medical T □ No, No sed □ No, De SPECIA ecial Services? Pease Frequency are of Visit Specialist Specialist	termined Ineligible by Ederatined Ineligible by Ederatined Ineligible by Ederator Program (MTP) of Required Ineligible by Ederatined Ineligible by Ederator Ineligible By Ederat	No, Ro S	eferred at Visit own eferred at Visit own Waiting Insurance Service (Other/U Waiting Insurance Service (Other/U	No, Referral Failure No, Referral Failure No, Referral Failure List / Visit Pending e/HMO Denied Cancelled nknown Reason gist List / Visit Pending e/HMO Denied Cancelled nknown Reason ealth Agency
☐ Yes ☐ No, Pending Services Is the Child Currently Rec ☐ Yes ☐ No, Pending Services Is the Child Receiving or B ☐ No (Skip to Resources a	No, Complete No, Parent Refuse Seiving Services Throut No, Complete No, Parent Refuse Being Referred for Speand Social Concerns) Does Not Need Receiving	□ No, No sed □ No, De MEDICAL TH agh CCS Medical T □ No, No sed □ No, De SPECIA ecial Services? Pease Frequency se of Visit Specialist Specialist Specialist Specialist Specialist	termined Ineligible by Edermined Ineligible By Edermin	No, Ro S	eferred at Visit own eferred at Visit own Waiting Insuranc Service (Other/U Psycholo Insuranc Service (Other/U	No, Referral Failure No, Referral Failure No, Referral Failure List / Visit Pending e/HMO Denied Cancelled nknown Reason gist List / Visit Pending e/HMO Denied Cancelled nknown Reason ealth Agency





NAME:		(Last, First) HRIF I.D.	. #
	SPECIAL SEF	VICES REVIEW – continue	
	☐ Does Not Need	Referred, but Not Receiving (check reason)	
Infant Development	 □ Receiving □ Receiving - Increase Frequency □ Complete □ Referred at Time of Visit 	 ☐ Missed Appointment ☐ Re-Referred ☐ Service Not Available ☐ Parent Declined/Refused Service 	 □ Waiting List / Visit Pending □ Insurance/HMO Denied □ Service Cancelled □ Other/Unknown Reason
Services	Service Provider:		
	☐ Early Intervention Specialist☐ Physical Therapist☐ MSW☐ Unknown	☐ Licensed Clinical Social Worker ☐ Psychologist ☐ Speech/Language Pathologist	☐ Occupational Therapist ☐ Registered Nurse ☐ Other
Hearing Services	☐ Does Not Need ☐ Receiving ☐ Receiving - Increase Frequency ☐ Complete ☐ Referred at Time of Visit Service Provider:	Referred, but Not Receiving (check reason) Missed Appointment Re-Referred Service Not Available Parent Declined/Refused Service	☐ Waiting List / Visit Pending ☐ Insurance/HMO Denied ☐ Service Cancelled ☐ Other/Unknown Reason
	☐ Audiologist ☐ Speech/Language Pathologist ☐ Unknown	☐ Early Intervention Specialist ☐ Teacher of the Deaf	☐ ENT ☐ Other
Nutritional Therapy	☐ Does Not Need ☐ Receiving ☐ Receiving - Increase Frequency ☐ Complete ☐ Referred at Time of Visit	Referred, but Not Receiving (check reason) Missed Appointment Re-Referred Service Not Available Parent Declined/Refused Service	 □ Waiting List / Visit Pending □ Insurance/HMO Denied □ Service Cancelled □ Other/Unknown Reason
	Service Provider: Certified Lactation Consultant Registered Dietitian Unknown	☐ Public Health Nurse ☐ Registered Nurse	☐ Physician ☐ Other
Occupational Therapy (OT)	 □ Does Not Need □ Receiving □ Receiving - Increase Frequency □ Complete □ Referred at Time of Visit 	Referred, but Not Receiving (check reason) Missed Appointment Re-Referred Service Not Available Parent Declined/Refused Service	 □ Waiting List / Visit Pending □ Insurance/HMO Denied □ Service Cancelled □ Other/Unknown Reason
	Service Provider: Occupational Therapist	Other	Unknown
Physical Therapy (PT)	☐ Does Not Need ☐ Receiving ☐ Receiving - Increase Frequency ☐ Complete ☐ Referred at Time of Visit Service Provider:	Referred, but Not Receiving (check reason) Missed Appointment Re-Referred Service Not Available Parent Declined/Refused Service	 □ Waiting List / Visit Pending □ Insurance/HMO Denied □ Service Cancelled □ Other/Unknown Reason
	☐ Physical Therapist	Other	Unknown
Speech / Language Communication	□ Does Not Need □ Receiving □ Receiving - Increase Frequency □ Complete □ Referred at Time of Visit	Referred, but Not Receiving (check reason) Missed Appointment Re-Referred Service Not Available Parent Declined/Refused Service	☐ Waiting List / Visit Pending ☐ Insurance/HMO Denied ☐ Service Cancelled ☐ Other/Unknown Reason
	Service Provider: American Sign Language Speech/Language Pathologist	☐ Early Intervention Specialist☐ Other	☐ Teacher of the Deaf ☐ Unknown





NAME:		(Last, F	irst)	HRIF I.D	0. #
	SPECIAL SER	RVICES R	EVIEW -	continue	
Social Work Intervention	 □ Does Not Need □ Receiving □ Receiving - Increase Frequency □ Complete □ Referred at Time of Visit 	☐ Misse☐ Re-Re☐ Service	d Appointmer	ble	
	Service Provider: Licensed Clinical Social Worker Physician Unknown		☐ Marriage & Family Therapist ☐ MSW		☐ Psychologist ☐ Other
Visiting, Public Health, and /or Home Nursing	 □ Does Not Need □ Receiving □ Receiving - Increase Frequency □ Complete □ Referred at Time of Visit 	☐ Misse☐ Re-Re☐ Service	Referred, but Not Receiving (check reason) Missed Appointment Re-Referred Service Not Available Parent Declined/Refused Service		Waiting List / Visit Pending Insurance/HMO Denied Service Cancelled Other/Unknown Reason
	Service Provider: Licensed Vocational Nurse Registered Nurse	☐ Phys			☐ Public Health Nurse ☐ Unknown
☐ Does Not Need ☐ Receiving ☐ Receiving - Increase Frequency ☐ Complete ☐ Vision Services ☐ Referred at Time of Visit		1		e	
	Service Provider: Low Vision Specialist (Optometrist) Orientation & Mobility Specialist Other	☐ Low Vision Specialist (Ophthalmologist) ☐ Physical Therapist ☐ Unknown			☐ Occupational Therapist ☐ Teacher of the Visually Impaired
	SOCIAL CON	ICERNS.	AND RES	OURCES	
Caregiver-Child Disruptions or Concerns Single parent, divorce, prolonged separation (incarceration, military service) multiple change caregivers/daycare, caregiver chronic illness		anges in	□ No	☐ Yes, Referral Not Necessary☐ Yes, Referred to Social Worker☐ Yes, Referred to Other Community Resources	
Economic/Environmental Concerns/Stressors Housing insecurity, lack of resources-\$\$, insurance (or high co-pay), lack of reliable transport for medical needs		sportation	□ No	☐ Yes, Referral Not Necessary☐ Yes, Referred to Social Worker☐ Yes, Referred to Other Community Resources	
Community & Relationship Concerns Emotional support from familylfriends, supportive and safe intimate relationship, safe neighborhood, and resources for needs			□ No	☐ Yes, Referral Not Necessary☐ Yes, Referred to Social Worker☐ Yes, Referred to Other Community Resources	
Parent-Child Concerns Feeding & growth, calming, behavior, sleep, other			□ No	☐ Yes, Referral Not Necessary☐ Yes, Referred to Social Worker☐ Yes, Referred to Other Community Resources	
Food Insecurity Lack of resources\$\$ to purchase food, not enough food to feed the family			□ No		•
CHILD PROTECTIVE SERVICES (CPS)					
Is a Child Protective Service	ces Case Currently Opened?	Yes		☐ Ref	erred at Time of Visit





NAME:	_ (Last, First)	HRIF I.D. #
*B · 15:11		

required rieid				
OTHER	MEDICAL	CONDITIONS		
Has the Child Been Tested for COVID-19?	□ No	☐ Yes	Unkno	own
Has the Child's Immunization Schedule Ever Been Delayed?	□ No	☐ Yes (complete below)	☐ Unkno	own
Was the Delay Due to the COVID-19 Pandemic?	☐ No	☐ Yes		
Were there Additional Medical Conditions Identified that may (check all categories that apply and provide a description of the diagnosis)	Impact the Cl	hild's Outcome?	□No	☐ Yes (complete below)
☐ Cardiovascular and Circulatory:				
☐ Endocrine and Metabolic:				
☐ Eye, Ear, Nose:				
☐ Gastrointestinal and Hepatobiliary:				
☐ Genetic:				
☐ Hematologic, Immunologic, or Oncologic/Neoplasm:				
☐ Infectious Diseases:				
☐ Injuries, Accident, Poisoning:				
☐ Renal and Genitourinary Tract:				
☐ Respiratory System:				
☐ Nervous System:				
Other:				
*DISP(OSITION (Required Field)		
☐ Scheduled to Return] Will be Followed by Another	CCS HRIF Clinic	(1)
☐ Completed HRIF Core Visits, Scheduled to Return				
DISCHARGED:				
☐ Graduated		Closed Out of Program		
☐ Family Moving Out of State/Country		Family Withdrew Prior To C	ompletion	
☐ Will be Followed Elsewhere		Completed HRIF Core Visits,	Referred for Add	itional Resources

(1) Learn How To Transfer a Record to Another CCS HRIF Clinic.

