



Healthy Development Services Referral Form



Please Fax or Email Referrals to Regional Lead Below
See List of Zip Codes for Regional Boundaries on Back.

Central:
(619) 544-0308

East:
(619) 444-0884

North Central:
(858) 966-6734

North Coastal:
(858) 259-3570

North Inland:
(760) 739-2333 or

South:
(619) 420-8722

hds@palomarhealth.org

REFERRING AGENCY PROGRAM INFORMATION (Please ensure this section is complete so we can contact you.)

Referral Date: _____ Referring Agency: _____

Contact Name: _____ Contact Phone Number: _____

*****All HDS updates will be provided via encrypted email. Call HDS @ 1-877-504-2299 if email unavailable*****

Contact's Email Address: _____

CHILD'S INFORMATION

Child's Last Name: _____ Child's First Name: _____ DOB: _____

Address: _____ City: _____ Zip: _____

Is this child enrolled in a QPI session? Yes No Unknown

Name of School: _____ Name of Teacher: _____
(If applicable) (If different from referring party)

PARENT CAREGIVER'S INFORMATION

Parent/Caregiver's Last Name: _____ Parent/Caregiver's First Name: _____

Language: _____ Phone: _____ Alternate Phone: _____

Relationship to Child: _____

INDICATE ANY COMPLETED SCREENINGS ASSESSMENTS (Please check all that apply and attach full results.)

ASQ ASQ-SE-2 CBCL DECA HELP MCHAT Other (please specify): _____

AREA(S) OF CONCERN Please list any behavioral, developmental, and/or any other concerns regarding this child: _____

<p align="center">Consent for Release of Information</p> <p>I, _____ (print name) authorize the organizations listed above to contact me regarding the child listed above for the purposes of delivering the services requested. I understand that this release includes exchanging only the information listed here as it pertains to coordinating this referral.</p> <p align="right"><input type="checkbox"/> Verbal Consent</p>		<p align="center">Autorización Para Dar y Recibir Información</p> <p>Yo, _____ (nombre en letra de molde) autorizo a las agencias indicadas que se comuniquen conmigo sobre los servicios requerido relacionados para el niño nombrado en este documento. Entiendo que con este documento doy permiso para intercambiar solamente la información indicada, perteneciente a la coordinación de servicios para el niño.</p> <p align="right"><input type="checkbox"/> Autorización Verbal</p>	
<p>Section Below to be completed by Recipient</p> <p>Recipient will confirm receipt of referral within 3 business days and will provide a referral status within 30 days</p>			
<p>An appointment has been scheduled for:</p>		<p>No appointment scheduled because:</p>	
<p>Type of service:</p>		<input type="checkbox"/> Parent/caregiver refused services	<input type="checkbox"/> Client is on a wait list
<p>DATE:</p>	<p>TIME:</p>	<input type="checkbox"/> Unable to contact parent/caregiver	<input type="checkbox"/> Other:

Healthy Development Services_ Referral Guidelines

HDS North Inland provides the following services to children 0-5 years and their families:

- Developmental Services – Assessment (HELP) and treatment services including classes, one-on-one coaching and clinical therapy
- Behavioral Services – Assessment and treatment services including classes, one-on-one coaching and clinical therapy
- Care Coordination – Assisting families connecting to HDS Services and valuable community resources

Please Complete the HDS Referral Form – Indicate the following:

- Screening or assessment previously completed by referral source
- Additional referrals for services; including consults and evaluations initiated by referral source
- Any developmental or behavioral concerns

What To Expect

- Care Coordination will contact the family within one week and complete a Family Intake and Pre-screen to determine eligibility for services.
- Care Coordination will process the referral to the appropriate HDS Service Provider and schedule the initial appointment.
- The Service Provider will send you (referral source) a status update, including assessment results and recommendations, following the initial appointment (provided the parent/guardian signs a release of information).
- Additional updates will be provided to you (referral source) by the service provider as the child completes services, is referred outside HDS, or is lost to follow-up.
- Children referred to multiple HDS services or services outside HDS will be assigned a Case Manager to assist the family in connecting to these services.

**For specific questions or assistance with your North Inland Referral, please contact
Tara Dominguez, HDS Supervisor @ 442-350-2815 or tara.dominguez@palomarhealth.org**

Regional Boundaries by Zip Code

Please use this chart to identify the region where the family resides (fax numbers on reverse side)
If you have questions, please call the phone numbers listed below to reach Intake Staff or a Care Coordinator.

Rady Children's Hospital - San Diego		Palomar Health		South Bay Community Services		Family Health Centers of San Diego					
T: 858-966-7510		T: 858-966-8235		T: 877-504-2299		T: 619-495-8248		T: 619-515-2406		T: 619-515-2463	
North Central		North Coastal		North Inland		South		Central		East	
92037	92121	92007	92057	92003	92066	91902	91950	92101	92115	91901	91948
92093	92122	92008	92058	92004	92069	91910	92118	92102	92116	91905	91962
92106	92123	92009	92067	92025	92070	91911	92135	92103	92134	91906	91963
92107	92124	92010	92075	92026	92078	91913	92154	92104	92136	91916	91977
92108	92126	92011	92081	92027	92082	91914	92155	92105	92139	91917	91978
92109	92130	92014	92083	92028	92086	91915	92173	92113	92182	91931	91980
92110	92131	92024	92084	92029	92096	91932		92114		91934	92019
92111	92133	92054	92091	92036	92127					91935	92020
92117	92140	92055	92672	92059	92128					91941	92021
92119	92145	92056		92060	92129					91942	92040
92120	92161			92061	92259					91945	92071
				92064	92536						
				92065							