

CENTER FOR CHILDREN WITH SPECIAL NEEDS: DEVELOPMENTAL-BEHAVIORAL PEDIATRICS

Physician Referral Questionnaire

This form will initiate your patient's referral to the CCSN. Please provide as much information as you can, so that we can respond effectively to your referral. The waitlist time for an evaluation at the CCSN is currently more than one year. In the meantime, please be sure to refer the child for school, community and/or state agencies as appropriate. Not all children need a specialist evaluation to determine services! See supplemental information sheet: "What the CCSN can do for you." Thank you for supporting this child and their family.

I. General information

Child

Name _____

Primary street address, city, zip _____

Gender _____ Date of birth _____

Parent/guardian

Name _____ Email _____

Date of birth _____ Phone _____

Primary language _____ Interpreter needed? Yes No

Patient insurance carrier _____ ID number _____

Physician/clinician name _____ Date of referral _____

PCP office name _____ PCP phone _____

PCP address, city, zip _____

PCP email _____ PCP fax _____

2. Reason for referral

**I suspect the following
primary diagnoses
(select one or two)**

ADHD

Disruptive behavior disorder

Autism

Anxiety disorder

Learning disability in reading,
writing, or mathIntellectual disability/
slow learner

Speech/language impairment

Attachment disorder

Impairment in fine motor skills

Other _____

3. Medical history

Share key aspects of the medical, family, or social history.

**List other specialists
involved in this child's care**

Neurology _____

Psychiatry _____

Genetics _____

OT/SP/PT _____

MH counseling/CBHI _____

Other _____

List any prior diagnosis of a developmental disability

Yes No

What is the disability? _____

Clinician's name/agency _____

Can this clinician offer follow-up care? _____

Testing type _____

Has child been previously seen at CCSN?

Yes No

Is patient being referred for second opinion of listed diagnosis?

Yes No

Behavioral health/ Psychiatry. Has this child accessed any of the following services? Check those that apply

Psychiatry

Psychiatric hospitalization

Services for depression, bipolar disorder, mood disorder, self-injurious behaviors, suicidal ideation

Level of impairment

Mild

Moderate

Severe

Current medications

Medication/Prescriber _____

Medication/Prescriber _____

Medication/Prescriber _____

Vision screening/testing

Date _____

Results _____

Hearing screening/testing

Date _____

Results _____

4. Education history

School district _____ Grade _____

Has the child been evaluated for special education services? Yes No

Is the child on a 504 plan? Yes No Is the child on an IEP? Yes No

The following information is needed prior to scheduling. We will prompt the family for this information closer to a scheduling date. Please support the family in sharing the following information with us. If you are using EPIC, documents can be uploaded to the "Media" tab for access.

- Toddlers and preschoolers: Parent Intake Form; IFSP; IEP
- School-age children: Parent Intake Form; School questionnaire, IEP, Triennial Testing, Report card
- Any other reports or evaluations, e.g., neurology evaluation, neuropsychology evaluation

Constraints: Due to high demand, we cannot always offer the following services:

- Evaluations for youth aged 14 years or older
- Second opinion evaluations
- Urgent evaluations
- Follow-up care for all the patients whom we see for an evaluation.

If you have any questions or concerns regarding the referral process, please contact our Intake Coordinator at **617.636.7242**.

Appendix: Your referral to the ccsn

This information sheet will help you get the most out of your CCSN referral.

1. Referrals. We offer diagnostic and treatment services for patients with diverse disabilities.

The majority of our patients have **two or more** of the following conditions:

- ADHD
- Autism
- Speech/language impairment
- Learning Disability in reading, writing, or math
- Impairment in fine motor skills/ gross motor skills
- Disruptive Behavior Disorder
- Anxiety Disorder
- Intellectual Disability/ Slow Learner
- Attachment Disorder

2. What happens after I make a referral?

a. This intake form helps to decide whether or not a patient can be put onto the scheduling waitlist. Not all patients are accepted for our waitlist. As examples, Teenagers older than 14 years; children and youth with prior psychiatric conditions; second opinion evaluations are not usually accepted for an evaluation.

b. Once accepted for the scheduling waitlist, the current wait time for an evaluation is about one year.

c. A pre-requisite for scheduling an appointment is for us to receive a full intake packet. This includes the following:

i. Toddlers and preschoolers: Parent Intake Form; IFSP; IEP

ii. School-age children: Parent Intake Form; School questionnaire, IEP, Triennial Testing, Report card

iii. Any other reports or evaluations, e.g. neurology evaluation, neuropsychology evaluation

d. We will prompt the family to send this information, closer to the time they are scheduled

e. A meaningful evaluation is only possible if the intake material is available for our review. An evaluation will not be scheduled until the intake materials have been received

3. Diagnostic evaluation. What happens at the time of evaluation?

a. Initial visits consist of three one-hour visits, usually over a three week time span.

At the end of this series of visits, the family will receive diagnostic information about their child. Treatment recommendations will be discussed at the third visit.

b. We offer a limited number of evaluations by direct referral to social work and speech pathology. For more information, please call the CCSN

- c.** Remember: you can refer for services while the family waits for their CCSN evaluation. Many children with known or suspected disabilities can access services prior to a diagnostic evaluation. As examples, you can refer the family for:
- i.** Parenting supports for the family
 - Early Intervention Services
 - Special education and Learning supports at school
 - Emotional supports for the child
 - Counseling for sleep hygiene, constipation/encopresis, feeding/ eating problems
 - States: Behavioral health services/CBHI
- 4. What treatments are offered at the CCSN?** Treatment at the CCSN consists of the services below. The examples are illustrative:
- a. Treatment at the CCSN.**
- i.** Psychoeducation about the child’s disability and needs
 - ii.** Parenting supports/ Behavioral health services. Internal referrals only
 - iii.** CARE group for parents whose child was recently diagnosed as having autism.
 - iv.** Psychotropic medication/ prescriptions for ADHD, Anxiety, Disruptive Behaviors.
 - v.** Parent guidance for the following clinical conditions: constipation/ encopresis; sleep hygiene; guidance on screen time use;
- b. Co-treatment: Share the Care.** The CCSN is building a model of sharing the care of the complex children whom we serve. In the Share the Care model, CCSN clinicians partner with Primary care practitioners to delivery comprehensive care in the child’s home community. All of our patients participate in this Share the Care model.
- c. Referral and care coordination.**
- i.** Medical services. We can refer to a range of specialists at Tufts Medicine, Boston Children’s Hospital, and/or in the child’s community. Specialities include neurology, genetics, physiatry/ orthopedics, physical and occupational therapy, and speech pathology; child psychiatry
 - ii.** Behavioral health services. Parenting supports, individual therapy, family therapy
 - iii.** Educational services: 504 Accommodation plan or Individualized Education Program
 - iv.** In-home services, from CBHI or in-home ABA services
 - v.** State agency services: DDS, DCF, DMH