



Early Childhood Intervention (ECI) REFERRAL FORM

FAX Numbers for ECI Programs: (Please see back for Zip Code service areas)

ECI at The Harris Center (formerly MHMRA)	713-970-6060	BACH ECI	979-848-8337
Bay Area Rehab ECI	281-838-4480	First Steps ECI	409-784-5418
ECI Infant Program of Easter Seals	713-838-0926	Project GROW ECI	281-238-1859
ECI Project TYKE/Katy ISD	281-644-1846		

REFERRAL DATE: _____

CHILD/FAMILY INFORMATION

Child's Name: _____ Sex: M F

Date of Birth: _____ Ethnicity: _____ Medicaid #: _____

Child's PCP: _____ NPI# _____

Parent/Guardian/Foster Parent (circle): _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ E-mail Address: _____

Primary Language Spoken: English Spanish Other: _____

DEVELOPMENTAL CONCERN

CHECK: speech motor social/emotional vision hearing global other

Medical Diagnosis:

Diagnosis: _____ Code: _____ Diagnosis: _____ Code: _____

Diagnosis: _____ Code: _____ Diagnosis: _____ Code: _____

Gestational Age: _____ Birth Weight: _____

COMMENTS: _____

REFERRAL SOURCE (Please be sure to include mailing address so that ECI programs can send the outcome of referral)

Name: _____ Organization/Agency: _____

Address: _____ City/State/Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Have the parent(s) been informed of the ECI referral? Yes No Unknown

If child is currently hospitalized: Discharge date: _____ or projected date: _____

For additional information, contact: _____ Phone: _____