Phone: (415)720-1283
Fax: (415)257-3059

Help Me Grow MARIN COUNTY

HELP ME GROW PEDIATRIC REFERRAL FORM

Please attach the ASQ-3, ASQ-SE2; M-CHAT; or other screening tools and any authorized forms (if available)

By providing consent, you as the parent or guardian are agreeing to this referral to Help Me Grow (HMG) and understand that Help Me Grow will contact you about your child. This includes permission for Help Me Grow and your provider to collaborate by sharing your child's developmental screening results, the resources and referrals provided to your child, and the results of actual resource or referral linkages. **To connect a family to Help Me Grow, the parent or guardian needs to either:**

1. provide verbal consent to you OR 2. sign below:

a) Has parent or guardian provided verbal consent to be connected to Help Me Grow Specialist? ☐**YES, they have agreed**

b) Parent/Primary Caregiver Signature: **Date:**

REFERRING PROVIDER INFORMATION

Referral Date	Referral Site Name	Referring Provider Name	Referring Provider Title

Address	Unit/Suite	City	Zip Code

Phone Number ( ) --	Fax Number ( ) --	Email Address

Did you already refer child/family to (check all that apply):	
☐ California Children's Services (Date Submitted:)	☐ Golden Gate Regional Center (Date Submitted:)
☐ Mental Health Services (Date Submitted:)	☐ MCOE/School District (Date Submitted:)
☐ Other: (Date Submitted:)	Name of District

CHILD'S INFORMATION

Child's Last Name	Child's First Name	Date Of Birth (or due date) - -	Gender

Address	Unit	City	Zip Code

Child's Health Insurance (if known):

PARENT / PRIMARY CAREGIVER'S INFORMATION

Parent/Primary Caregiver Last Name	Parent/Primary Caregiver First Name	Relationship to Child	Primary Language

Best Phone (check one) ☐Home ☐Work ☐Cell ( ) --	Best Time to Call (check all that apply) ☐ Morning ☐Afternoon ☐Evening	Email Address

REASONS FOR CONCERN/REFERRAL (CHECK ALL THAT APPLY)

DEVELOPMENT	SOCIAL-EMOTIONAL/CHALLENGING BEHAVIOR	FAMILY, HEALTH & GENERAL SUPPORT
☐ Age-appropriate/adaptive skills	☐ Behavioral Concerns: Compliance/Impulsive (Following Directions/Staying on task)	☐ Basic Needs
☐ Communication/Language	☐ Crying /Consoling	☐ Early Care and Education
☐ Intellectual/Problem Solving	☐ Coping Skills (Frustration Tolerance)	☐ Parent Education/Support
☐ Fine Motor Skills	☐ Sensory Concerns	☐ Prenatal Care and Guidance
☐ Gross Motor Skills	☐ Shy/Withdrawn/Clingy	☐ Play Groups
☐ Personal (Self Help)/Social	☐ Social Skills	☐ Health/Medical Issues
☐ Other Reason(s):	☐ Tantrums/Adverse Childhood Experiences	☐ High Family Stress
		☐ Community Resource Information

ADDITIONAL COMMENTS? HOW CAN HELP ME GROW BEST ASSIST YOU IN SUPPORTING THIS CHILD AND THEIR FAMILY?