



# Early Intervention Services

## Referral/Intake Form

*Miami County's Local Board of  
Developmental Disabilities*

Please complete this brief form and return to the Early Intervention Services Team. An Early Intervention Service Coordinator will contact you within 48 hours for additional information as needed. Thank you!

Person making referral: \_\_\_\_\_ Relationship/Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### DEMOGRAPHIC INFORMATION:

Child's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Sex: M F

Child Resides with Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Child Resides with Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Texting: Y N

Email: \_\_\_\_\_ Best time to contact: \_\_\_\_\_

Primary Language: \_\_\_\_\_

### HEALTH INFORMATION:

Pediatrician: \_\_\_\_\_

Birth History: Full-term Y N If no, weeks premature: \_\_\_\_\_

Medical Diagnosis: \_\_\_\_\_

### REASONS FOR REFERRAL:

Concerns/Comments/Notes: \_\_\_\_\_

*For more information about Early Intervention Services, please contact  
our Early Intervention intake at (937) 440-3099 or  
at [earlyintervention@riversidedd.org](mailto:earlyintervention@riversidedd.org).*