WHATCOM takingaction for Children and Youth with Special Health Care Needs (CYSHCN)

opportunity council

SEAS Referral Form
For children & youth with special healthcare needs - Serving ages Birth through 21
HIPAA/Confidential Fax: 360.676.6729

SEAS
Single Entry Access to Services
phone: 360.715.7485
fax: 360.676.6729

Section 1 - Anyone can fax a referral to SEAS with a parent's knowledge and consent. SEAS cannot call a family unless statement below is checked and initialed by referrer.

☐ **Parents have consented to this referral to SEAS** AJ_____ (Referrer's initials)

Date:	Referrer:	Phone: Fax:	Child's Primary Care Provider (PCP):
Child's Name: Sex: ☐M ☐F	DOB:	Parent/Guardian Name(s):	
Home Address:	Phone:	Alternative Phone:	
City: Zip:	Email Address:		

Will this family need an interpreter? ☐ Yes ☐ No If yes, what language?

Section 2 – Use section below to describe concerns and request navigation.
Please attach medical notes, case notes, and/or additional information.

I have concerns about the child's: ☐ Development ☐ Autism Spectrum Disorder (ASD)
☐ Mental/Behavioral Health ☐ Other Neurodevelopmental Disorder:
☐ Other:

Has this child already received an evaluation for the above concern(s)? ☐ Yes ☐ No

Please Navigate to:
☐ Early Support for Infants and Toddlers
(AKA: ESIT, Early Intervention, Birth to 3. 0-3rd birthday)
☐ School District for Screening/Eval **(3 to 21)**
☐ GIDES Midlevel Evaluation*
☐ Outpatient Specialty Therapy Clinic*
☐ Mental/Behavioral Health Resources
☐ Other:

Section 3 - *Anyone can refer to SEAS, but GIDES and Clinical Specialty Therapies (below) **require a referral and signature from a Primary Care Provider (doctor/nurse practitioner).**
Call SEAS at (360) 715 - 7485 if you have any questions about these types of referrals.

GIDES, or General Interdisciplinary Developmental Evaluation System) is a program to evaluate for conditions such as neurodevelopmental disorders, global delays, ASD, etc. *not mental health*.

Clinic-based outpatient specialty therapy refers to therapies such as speech and OT provided outside of school district services or ESIT.

To refer to GIDES or a clinic, a PCP/Doctor must sign and date this box here. →

☐ **Navigate to GIDES midlevel evaluation, including referral to pediatric neurologist if needed.**

Diagnosis_____ **Code**_____

☐ **Navigate to clinic-based outpatient specialty therapy services.**

Diagnosis_____ **Code**_____
Therapies needed (Underline Priority):
☐ **Speech Therapy** ☐ **Feeding/Oral-Motor**
☐ **Swallowing Study—VFSS**
☐ **Occupational Therapy** ☐ **Physical Therapy**
☐ **Assessment Only**
☐ **Assess and treat for:** ☐ **6 months** ☐ **12 months**

***PCP Signature**_____ **Date**_____
☐ I have included the most recent WCC/chart notes, and the Ages and Stages Questionnaire (ASQ) or the age equivalent, the Modified Checklist for Autism in Toddlers (M-CHAT) or the equivalent.

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OPTIONAL PAGE: Additional Information to Attach to SEAS Fax Referral Form

Child's Name: _____ DOB: _____

Additional Information:

Referrer's Name: _____

Referrer's Phone: _____

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How to complete a SEAS Fax Referral Form

To protect client information, a SEAS Fax Referral **must be faxed to 360-676-6729**. **Do not** submit it electronically through email.

Initial the top box to let SEAS navigators know the parent/guardian consented to the referral. This is required.

Include all the demographic information listed in the boxes. This is required.

Check off what concerns you or the family have for the child.

Let SEAS know if the child has been evaluated for the concerns you checked off.

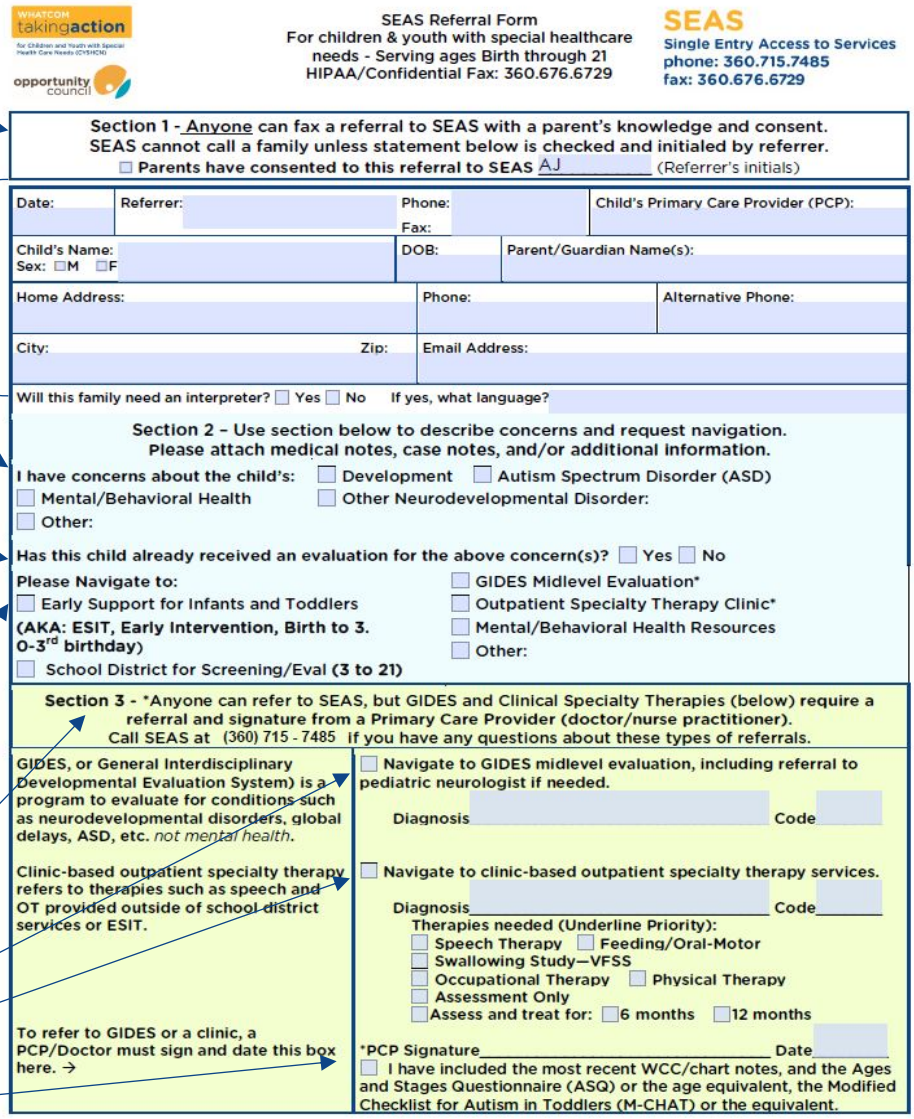
Let SEAS know if there is a specific services or resource you would like us to talk to the family about or refer them to.

GIDES and clinic-based outpatient specialty therapies require a PCP referral.

Check off what you are referring to (GIDES and/or clinic – specify therapy type).

Sign the form.

Include visit notes, ASQ, MCHAT, and/or other equivalent screening results.



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Child's Name: Sex: ☐M ☐F | DOB: | Parent/Guardian Name(s):
Home Address: | Phone: | Alternative Phone:
City: Zip: | Email Address:
Will this family need an interpreter? ☐ Yes ☐ No If yes, what language?

Section 2 – Use section below to describe concerns and request navigation. Please attach medical notes, case notes, and/or additional information.
I have concerns about the child's: ☐ Development ☐ Autism Spectrum Disorder (ASD) ☐ Mental/Behavioral Health ☐ Other Neurodevelopmental Disorder: ☐ Other:
Has this child already received an evaluation for the above concern(s)? ☐ Yes ☐ No
Please Navigate to: ☐ Early Support for Infants and Toddlers (AKA: ESIT, Early Intervention, Birth to 3. 0-3rd birthday) ☐ School District for Screening/Eval (3 to 21) ☐ GIDES Midlevel Evaluation* ☐ Outpatient Specialty Therapy Clinic* ☐ Mental/Behavioral Health Resources ☐ Other:

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☐ Navigate to GIDES midlevel evaluation, including referral to pediatric neurologist if needed.
Diagnosis Code

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Diagnosis Code
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☐ Speech Therapy ☐ Feeding/Oral-Motor ☐ Swallowing Study—VFSS ☐ Occupational Therapy ☐ Physical Therapy ☐ Assessment Only ☐ Assess and treat for: ☐ 6 months ☐ 12 months
*PCP Signature Date
☐ I have included the most recent WCC/chart notes, and the Ages and Stages Questionnaire (ASQ) or the age equivalent, the Modified Checklist for Autism in Toddlers (M-CHAT) or the equivalent.

Helpful tips:

- Double check that the child's name, parent's name, and contact are correct.
- Make sure to include the language if the client needs an interpreter.
- Section three must be filled out by the child's medical provider to refer to GIDES or clinic-based outpatient specialty therapy (OT, PT, SLP, etc.).
- A note to medical providers: always include notes from the most recent WCC or visit related to the concern(s). Please include the ASQ, MCHAT, or other screening if you are referring to an evaluation like GIDES or ESIT.
- It's always helpful to include information about the family, or your concerns. Use the notes page to write in additional information as needed. More information helps navigators to prepare for the conversation with the family.