



Physician Referral Form

Help Me Grow Alabama (HMG) is a **free** information and referral line connecting families with children (**birth to age eight**) to information about child development and community resources. By completing this form, you are:

- signing up to receive **free** information from HMG on child development and community resources in your area,
- signing up to receive access to a **free** developmental screening tool called the Ages and Stages Questionnaire (ASQ) for each of your children—ages 5 and under, and
- authorizing the exchange of information between the provider and HMG for the child(ren) listed on this form.

Provider's Information	<p>Office/Clinic Name: _____</p> <p>Contact Person: _____</p> <p>Address: _____ City: _____ Zip Code: _____</p> <p>Phone: _____ Fax: _____ Email: _____</p> <p>Has the family given direct permission to be contacted by Help Me Grow Alabama? YES NO</p> <p>Has the family given direct permission for the provider and Help Me Grow Alabama to have ongoing communication about the services provided to the family? YES NO</p>
Family's Information	<p>Parent or Guardian Name(s): _____</p> <p>Street: _____ City: _____ Zip Code: _____</p> <p>Phone: _____ Email: _____</p> <p>Best time to contact: <input type="checkbox"/> Between ____ & ____ <input type="checkbox"/> Anytime Best form of contact: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Text</p> <p>Please contact me in: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (including specific dialect): _____</p> <p>Child Name: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Date of Birth: _____ Premature? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, # of weeks early: _____</p> <p>Concerns/Reason for Referral: _____</p> <p>Existing services and/or other referrals in progress: _____</p>

By signing this form, I, the parent/legal guardian, authorize the release and use of the information above. I also give permission to Help Me Grow to maintain contact with the provider listed about the developmental and resource information provided to my family, so the provider can give us further support.

Signature of the parent/legal guardian

Date