

MARTHA'S PLACE CHILDREN'S CENTER REFERRAL FORM

COUNTY OF SAN LUIS OBISPO HEALTH AGENCY
BEHAVIORAL HEALTH DEPARTMENT



Date: English Speaking Spanish Speaking Other Language

Child's Name _____ Child's SS# or Medi-Cal # _____

Male Female Preterm: Yes No If yes, how many weeks: _____

Date of Birth _____ Age _____

Bio Mother's Information: Does Bio mother have any involvement with this child? Yes No

Name _____ Phone # _____ Email _____

Address _____ City _____ Zip _____

Bio Father's Information: Does Bio father have any involvement with this child? Yes No

Name _____ Phone # _____ Email _____

Foster Parent/Legal Guardian _____ Relationship to child
(If different from above)

Child's Address _____ City _____ ZIP _____

Phone Number _____ Email Address _____

Is child a ward of the court? Yes No CWS Social Worker _____ Phone _____

Who is legal guardian and/or what is the custody arrangement? **Please include court documents if applicable.*

If child is in foster care, please indicate reason:

Prenatal Exposure, if applicable (specify substances if known):

Required Information: *(Please include City & State)*

Hospital of Birth: _____ **City, State:** _____

OB MD/Clinic for Mother's Prenatal Care: _____ **Bio Mother's DOB:** _____

Pediatrician Name/Clinic: _____ **City:** _____

Previous Pediatrician Name/Clinic (if any): _____ **City, State:** _____

Hospitals for ER Visits/Hospitalizations:

Medical Specialists:

MARTHA'S PLACE CHILDREN'S CENTER REFERRAL FORM (Cont'd)

Referring Person: _____ Agency or Relationship to child:

Email: _____ Phone: _____ Fax:

Please mark or list any agencies with which the child you are referring is involved:

- Child Welfare Services
- Drug and Alcohol Services/POEG
- Public Health Nurse- Name:
- School/Preschool (i.e. Head Start, CDRC, Elementary):
- Tri-Counties Regional Center/ Early Start Services Holder of ED Rights (Name):
- Other: _____

Please Mark any of the following concerns you have about the child:

For Infants (under 1 year):

Feeding/Sleep Difficulties

- Difficulty with eating/being fed
- Difficulty with sleep initiation
- Difficulty with sleep maintenance
- Frequent spitting up

Emotional/Sensitivity

- Easily startled
- Anxious
- Sensitive to touch/sound
- Limited facial expression
- Difficulty being soothed
- Frequent or intense crying

Caregiver Relationship

- Resists comfort from caregiver
- Arches back when held
- Turns head away from caregiver/
difficulty making eye contact

Traumatic experiences:

Please list any other concerns:

For children 1-5 years old:

Social

- Little interest in playing with peers
- Lack of eye contact with others
- Few or no friends
- Overly friendly with strangers
- Clingy/doesn't separate

Emotional

- Cries often
- Not easily consoled
- Anger/Irritability
- Withdrawn
- Anxious
- Depressed
- Fearful

Behavioral

- Many Tantrums
- Difficulty with transitions
- Aggression
- Hyperactivity
- Impulsivity
- Bedwetting
- Difficulty with sleep
- Developmental Delays

Traumatic experiences:

Please list any other concerns:

Please Fax to Martha's Place at (805) 781-4962

For questions please contact:

Laura Ottrando, RN, PHN @ (805) 781-4964