

# CHILD HEALTH APPRAISAL FOR EARLY INTERVENTION SERVICES

\_\_\_ initial \_\_\_ annual

Attach most recent EPSDT Program Screening Form (or complete back)

Please return to:

610-265-4700

The Arc Alliance Children's Services  
(Formerly Marc Children's Services)  
3075 Ridge Pike, Eagleville, PA 19403

FAX-610-878-9318

Child \_\_\_\_\_

Birth Date \_\_\_\_\_

Address \_\_\_\_\_

Zip \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

## PRESCRIPTION for Early Intervention

I prescribe:

- Developmental Screening
- Service Coordination (to arrange for MDE, IFSP and EI services) if eligible
- MultiDisciplinary Evaluation (MDE) if eligible
- Individualized Family Service Plan (IFSP) and Early Intervention (EI) Services, if eligible
- Evaluation or services based on the IFSP, which may include: \_\_\_ occupational therapy \_\_\_ physical therapy \_\_\_ speech \_\_\_ behavioral \_\_\_ other developmental therapies (also ✓ specific needs in shaded section below)

Early Intervention services will be individually determined by the family and an MDE/IFSP Team and written on the IFSP. The continuing need for specific EI services will be re-evaluated as needed, at least every six months and annually, by the family and EI provider team.

Prescription effective \_\_\_/\_\_\_/\_\_\_ to child's annual EI review date or until early intervention team assessment determines EI services are no longer needed.

Developmental Appraisal/Concerns (specify instrument used, if any)

Physician: Check ✓ any areas of concern, or areas that may need further evaluation or attention:  
\_\_\_ immunization \_\_\_ gross motor development \_\_\_ feeding / nutrition concerns

Diagnoses (ICD-9 / ICD-10 codes if available)

Medications

Neurological Indications/ Findings / Tone

Restrictions/ Contra-indications (diet, activities, allergies) / Emergency Medical Information (seizure, diabetes, etc.)

Other Concerns/ Medical Conditions That Require Further Treatment

Today's Date:

Most Recent Exam Date:

Physician Signature

Physician "Check" if you are using this form to: make a "new referral" \_\_\_ request MDE results \_\_\_ request copy of IFSP services \_\_\_

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