



NEW PATIENT REFERRAL

Thank you for allowing us the opportunity to serve your child/patient. Please complete our referral form and fax it or mail it back to our office at your earliest convenience.

Note: If patient is a Medicaid recipient please provide us with a Medicaid Referral Form.

REFERRING PHYSICIAN/ AGENCY INFORMATION

Date of Referral: _____ Referred by: _____
Clinic/Agency: _____ Phone: _____
Fax: _____ Email: _____

PATIENT & PARENT/ GUARDIAN INFORMATION

Full Name: _____ Patient's Date of Birth: _____
Patient's Insurance: _____ Name on Policy: _____
Parent/Guardian's Name: _____ Cardholder Date of Birth: _____
Address: _____ City: _____ St: _____ Zip: _____
Home Phone: _____ Cell Phone: _____ Other: _____

It is possible that the services provided here at Eastern Shore Developmental Clinic may not best serve the needs of your patient.

EVALUATIONS AND SERVICES

Several types of services are available. Please select below to find out more.

- Autism Spectrum Disorders Clinic** provides assessments for children who are suspected of having an Autism Spectrum Disorder. Developmental, Medical and Behavioral observations are provided during this clinic.
 - **Requirements:** Concerns of ASD without a previous medical diagnosis
 - Age 16 months - 9 years
- General Pediatric Developmental Clinic** provides Medical evaluations and assessment to children who have or are at risk for various developmental delays in areas such as communication, adaptive behavior, cognition, social skills or motor functioning.
 - **Requirements:** Age birth - 12 years
- Attention-Deficit/Hyperactivity Disorder (ADHD) Evaluations** provides evaluations for determining the presence of ADHD in children (inattention, difficulty completing tasks, distractibility, over activity).
 - **Requirements:** Age 4 - 10 years
- Pediatric Medication Assessment Clinic (PMAC)** provides medication management and follow up care for children who have a confirmed diagnosis of an Autism Spectrum Disorder or another neurodevelopmental disorder. Children who have been evaluated or are being evaluated in our Autism Spectrum Disorder Clinic or General Developmental Clinic may be integrated into this clinic.
 - **Requirements:** Confirmed ASD diagnosis or other neurodevelopmental disorder. Please send a copy of your child's evaluation if you would like to be considered for this clinic.
 - **Requirements:** Age 2 - 10 years
- Pediatric Mental Health Clinic** provides assessments of pediatric patients with mental health concerns or co-morbid mental health issues such as anxiety and depression.
 - **Requirements:** Age 3 - 9 Limited appointments available with limited days of week patients are seen