Physician Questionnaire (revised 10/19)

Thank you for your referral to the CCSN. We understand that you would like us to evaluate this patient and would appreciate the following information to help us with the assessment process. Thank you!

Date: ___________  Physician Name: _____________________________

Who can we contact at your practice if there are follow-up questions? ____________________________________________________________

Phone #: _______________  Fax #: ___________________________  Email: ________________________________

Primary reasons for referral:

☐ Identify diagnosis. Please indicate suspected dx you are concerned about:
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

☐ Medication consultation/management
- Has the child been seen by a psychiatrist? YES NO  If yes, what was the outcome?: __________________________
- Has the child had a medication trial? If so what medications and what response has pt had?
_________________________________________________________________________________
_________________________________________________________________________________

☐ Ongoing management of known developmental disability
What is the disability: __________________________________________________________

☐ Identify needed school services. Has child been evaluated by the school? YES NO
Is child on an IEP? YES NO

☐ Additional Reason (s): ______________________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

♦ Please indicate any other specialists who have participated in the care of these concerns:
_________________________________________________________________________________
_________________________________________________________________________________

♦ Please estimate the level of child's impairment: Mild Moderate Severe

♦ Please indicate the urgency level of this referral: Routine Moderate Urgent

♦ What aspects of social or family history should we know?

♦ What aspects of medical history should we know?

♦ Is the child currently on any regular medications not listed above? No Yes

♦ If Yes, please specify:

<table>
<thead>
<tr>
<th>Sensory Testing</th>
<th>Date</th>
<th>Results</th>
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<tbody>
<tr>
<td>Vision Testing</td>
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<tr>
<td>Hearing Testing</td>
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General CCSN Information:

The primary clinical focus of the CCSN is to provide evaluations and ongoing care for children with developmental disabilities and their families. The CCSN sees new patients between 12 months of age and 15 years of age, although we will follow established patients beyond that age.

If this child/adolescent has urgent mental health issues, please contact a mental health provider or Crisis Intervention team.

Information provided by parents/guardians, teachers, physicians and other providers is carefully reviewed by the Intake Team. We must have the Physician Questionnaire and the Parent Questionnaire to determine what type of appointment(s) to provide. The Review Process can take a few weeks and there are wait lists for all appointments. The family will be notified by phone if an supplemental Intake Interview is needed. The family will be notified by phone and by mail of the appointments scheduled. We understand that waiting for these appointments is difficult for families and for their physicians.

What type of Evaluation does my patient need?

1. **DBP consultation.** Most diagnostic concerns are addressed by a DBP consultation, also called a Neurodevelopmental evaluation. The developmental-behavioral pediatrician assesses for developmental delays and can diagnose diverse Neurodevelopmental disorders (autism, ADHD, Intellectual Disability, Disruptive Behavior Disorder) Most often, they are able to answer your consultation concern.

2. **Neuropsychological assessment.** At times, a more detailed assessment is needed, to include thinking, memory, and attention skills. A neuropsychological assessment can offer a more detailed analysis and is useful for patients who may have multiple or overlapping conditions. Most often, a neuropsychological evaluation is not the first type of evaluation that is done. Insurance coverage requires that testing be related to a medical or psychiatric concern.

3. **Speech language evaluation.** Most often, a speech/language evaluation is needed when a child is not able to express himself or herself. It is often an important part of an evaluation for a child with autism or a learning disability.

4. **Social work intake and/ or psychologist’s diagnostic interview.** To help determine which evaluation is most needed, you have the option of requesting a diagnostic interview with a social worker or psychologist. These providers are able to make preliminary diagnoses and service recommendations. They might also help coordinate the care for your patient.

5. **Educational evaluation.** The child may need an educational evaluation if a learning disability is suspected. Educational evaluations are not covered by medical insurance plans. They are paid for out-of-pocket, or as part of an Independent Educational Evaluation through the school district.