

This section is Official Use Only:

Service Coordinator:	Date Packet Sent:	UCI:	Date Assigned:
Intake By:	45 Days:	<input type="checkbox"/> Check if caller/referrer has been advised to provide reports	

### GOLDEN GATE REGIONAL CENTER - EARLY START REFERRAL FORM

Child's LAST Name:		Child's FIRST Name:		Date of Birth:	Sex:
Date of Referral:	Referring Agency/Organization/Source:		Referrer's Phone # / Fax # / Email:		
Person Making This Referral: <input type="checkbox"/> Fax <input type="checkbox"/> Phone <input type="checkbox"/> Email			<input type="checkbox"/> <b>REQUIRED:</b> medical/developmental report attached <input type="checkbox"/> Check if parents are aware of and agree to referral		
Parent(s) Name:			Language(s) Spoken in House: <input type="checkbox"/> Not Fluent in English		
Foster Parent's Name: (If applicable)		Contact Phone #:	Contact Email:		
Physical Address: <input type="checkbox"/> Check if mailing address is different (and list below)					
Legal Representative/ Educational Rights:		Birth Hospital:	Primary Care Physician:		
Other Professional/Agencies Involved (e.g. school district, speech therapist) & Contact Person:				Child's Insurance Provider:	

**please attach any pertinent medical or developmental report to expedite the assessment process**

**Developmental Delay:** Please Elaborate The Delay(s) in Detail:

Cognitive .....

Physical/ Motor .....

Vision/ Hearing .....

Communication .....

Social/ Emotional .....

Adaptive/ Self-Help .....

**Established Risk (Specific Diagnosis):**

**High Risk factors:**

- Prematurity of less than 28 weeks gestation
- Grade 3 or 4 intraventricular hemorrhage
- Multiple congenital anomalies or genetic disorders which may affect developmental outcome
- Low birth weight of less than 1000 grams
- Hypoxic ischemic encephalopathy
- Neurologic trauma
- Inborn errors of metabolism
- Prematurity between 28-32 weeks gestation
- Birth weight between 1000-1500 grams
- Ventilation for 48 hours or longer
- Grade 1 or 2 intraventricular hemorrhage
- Small for gestational age
- A five minute APGAR score of 0 to 5
- Severe and persistent metabolic abnormality, including but not limited to hypoglycemia, acidemia, and hyperbilirubinemia
- Neonatal seizures or nonfebrile seizures
- Central nervous system infection
- Clinically significant failure to thrive
- Biomedical insult including, but not limited to, injury, accident or illness
- Persistent hypotonia or hypertonia
- Positive infant neonatal toxicology screen
- Prenatal exposure to known teratogens
- The parent of the infant/ toddler is a person with a developmental disability

**Additional Comments/  
Other Social Factors:**

ATTACH and EMAIL this form & related reports to [intake@ggrc.org](mailto:intake@ggrc.org) with subject "Early Start Referral" OR FAX it to 1-888-339-3306. If you have any question, please call 1-888-339-3305 or email [intake@ggrc.org](mailto:intake@ggrc.org).