First Connections – Arkansas' Early Intervention Program under IDEA, Part C

Early Intervention Services for Infants/Toddlers 0-3: Non-Medicaid Eligible
PRESCRIPTION/REFERRAL

The Primary Care Physician (PCP) or attending physician may use this form to make a referral for evaluation or to prescribe early intervention services appropriate to reach the outcomes on an eligible child's and family's Individualized Family Service Plan (IFSP) for a non-Medicaid eligible infant/toddler (birth to the third birthday). Providers of early intervention services are responsible for obtaining renewed PCP referrals every six months.

Referral for Evaluation:

☐ Developmental (required for Part C program) ☐ Speech ☐ Physical ☐ Occupational

Prescribe Early Intervention Services Selected by the IFSP Team:

Patient Name: _____   Date child was last seen in office: _____

Diagnosis as related to prescribed intervention services: _____

_____

Complete this block if this form is a prescription			
Developmental Therapy (DT - Special Instruction)	**Physical Therapy (PT)**	**Occupational Therapy (OT)**	**Speech Therapy (ST)**
____ per ☐week ☐ month	____ per ☐week ☐ month	____ per ☐week ☐ month	____ per ☐week ☐ month
____ duration (months)	____ duration (months)	____ duration (months)	____ duration (months)
☐ *DT is not a necessary early intervention service*	☐ *PT is not a necessary early intervention service*	☐ *OT is not a necessary early intervention service*	☐ *ST (or feeding) is not a necessary early intervention service*

Other information: _____

_____

_____   _____
Physician Signature *(PCP or attending physician)*   Date

Return to: _____ _____
                   (Name of Part C Service Coordinator)   Fax