



Cedar Online Referral Form

Child's First Name:		MI:	Last Name:	
DOB:		Current Age:		Gender:
Address:				
City:		State:		Zip:
Mother's Name:			Father's Name:	
Phone Number: <input type="checkbox"/> Home <input type="checkbox"/> Cell		Phone Number: <input type="checkbox"/> Home <input type="checkbox"/> Cell		
Email Address:		Email Address:		
Interpreter Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No Language:		Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No Language:		
Primary Health Insurance:			Member ID#:	
Secondary Health Insurance:			Member ID #:	
*Is parent/guardian aware of and in full agreement with this referral? <input type="checkbox"/> Yes			Enrolled in Current Care? <input type="checkbox"/> Child <input type="checkbox"/> Mother <input type="checkbox"/> Father	
Date of referral:		Referral Source:		Phone:
Primary Care Physician:				Phone:
Social Security #:			Medical ID# (Found on Medical Identification card):	

Chronic Conditions requiring Intensive Care Coordination: (Please check all that apply)

<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Brain Injury	<input type="checkbox"/> Down Syndrome	<input type="checkbox"/> Seizure Disorder
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Sickle Cell Anemia
<input type="checkbox"/> Asthma	<input type="checkbox"/> Depression	<input type="checkbox"/> Hearing Problems	<input type="checkbox"/> Speech Problems
<input type="checkbox"/> Autism, Asperger's, ASD	<input type="checkbox"/> Developmental Delay	<input type="checkbox"/> Intellectual Disability	<input type="checkbox"/> Tourette Syndrome
<input type="checkbox"/> Behavioral Problems	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Vision Problems
<input type="checkbox"/> Bone, joint, or muscle problems		<input type="checkbox"/> Other (please specify):	



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Child/Family Risk Factors:	Current Need	Current Services	Past Services	Current Barriers
Current hospitalization/inpatient admission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2+ ED visits related to chronic condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inability to follow through (appts/med regimen)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School issues (low performance, absenteeism, behavior)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulties with daily living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unable to socially interact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent/Caregiver MH concern or cognitive delay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Use <input type="checkbox"/> Parent <input type="checkbox"/> Caregiver <input type="checkbox"/> Child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food uncertainty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing Issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (Please provide any additional information that you would like us to know)

Click or tap here to enter text.

Fax Document to 1-401-270-7049

OR

Save document, and attach in an email to: RIPINCedarFamilyCenter@ripin.org

OR

Print out the form and mail to us at:
 Rhode Island Parent Information Network
 ATTN: Cedar Family Center
 300 Jefferson Boulevard
 Suite 300
 Warwick, RI 02888