
RHD Preferred

ELWYN SEEDS
 4025 Chestnut St, 3rd Floor
 Philadelphia, PA 19104

COMMUNITY REFERRAL FORM — INCLUDING SIGNED PERMISSION TO REFER

Date of Referral	
Name of Child	Date of Birth
Name of Parent/Legal Guardian	Address (street, city, state, zip)
Telephone # of Parent/Legal Guardian	Secondary Telephone Number
Foster Parent Info (If Applicable) Name, Address, Telephone No.	Secondary Telephone Number
Email Address of Person Completing Referral:	
Reason for Referral (please check all that apply)	
<input type="checkbox"/> Cognitive Concerns <input type="checkbox"/> Communication/Language Concerns <input type="checkbox"/> Speech/Articulation Concerns <input type="checkbox"/> Fine/Gross Motor Concerns <input type="checkbox"/> Personal/Social Concerns <input type="checkbox"/> Other _____ (please explain)	
Parent/Legal Guardian's native language or other primary mode of communication, if other than English. Please specify:	

Parent/Legal Guardian, please check one box below:

I hereby give my permission to _____ (name of referral source) to release the above information to Elwyn—Philadelphia SEEDS Early Intervention Program for a possible screening and/or evaluation. **(**You will be asked to sign a Permission to Evaluate by Early Intervention before an evaluation is done on your child)**

I do **NOT** give permission to _____ (name of referral source) to release the above information to Elwyn—Philadelphia SEEDS Early Intervention Program for a possible screening and/or evaluation.

 Signature of Parent/Legal Guardian

 Date

 Signature of Referring Agency Representative

 Date

IN ORDER TO BE PROCESSED, PARENT/LEGAL GUARDIAN MUST BE INFORMED OF REFERRAL, GIVE PERMISSION AND SIGN THE REFERRAL FORPLEASE FAX COMPLETED REFERRAL FORM TO ELWYN SEEDS INTAKE AT 215-823-5083