UAMS Schmieding Developmental Center

Patient Intake

THIS FORM MUST BE FILLED OUT COMPLETELY
Accepted referrals will be **PRIORITIZED** based on the Patient Intake & records justifying need for services.

Referral Checklist
☐ Patient Intake ☐ Demographics
☐ PCP Referral ☐ Records
Fax to (479)750-0323

Today's Date: _____ Name of person completing form: _____

Who is requesting this appointment? ☐Primary Care Physician ☐Patient ☐Other: _____

Referral Source Information:

Referral Source: _____ Phone: _____ Fax: _____

Referral Source NPI Number (Required): _____

General Information:

Child's Name: _____ DOB: _____

PLEASE ATTACH A DEMOGRAPHIC SHEET. INTAKES RECEIVED WITHOUT COMPLETE DEMOGRAPHICS WILL BE RETURNED.

Reason(s) for Referral:
☐ Psychiatric Care
☐ Autism Spectrum Disorder
☐ Developmental Delay *(children 5 years and under only)*
☐ Learning Impairment
☐ Comprehensive Neuropsychological Evaluation
☐ Medical Psychology *(Arkansas Children's Subspecialty Referrals Only)*
☐ The Concussion Clinic / Call 479-750-0125 option 3 to Schedule an Appointment Today!

Current Services: *(Check all that apply)*

☐ NO SERVICES	☐ Early Childhood Developmental Services	☐ Psychiatric
☐ Resource Classes	☐ Physical Therapy Services	☐ Counseling
☐ Special Education Classes	☐ Occupational Therapy Services	☐ ABA Therapy
☐ Self-Contained Classes	☐ Speech/Language Therapy Services	

Medical History: *(Check all that apply)*

BIRTH HISTORY: ☐ Unremarkable ☐ Premature: _____ weeks ☐ Traumatic Birth ☐ Alcohol/Drug Exposed

MEDICAL:

☐ NO Medical Concerns	☐ Chronic Ear Infections/PE Tubes	☐ Hearing Problems
☐ Seizures/Epilepsy	☐ Diabetes/Hypoglycemia	☐ Meningitis
☐ Frequent Strep Infections	☐ Down's Syndrome	☐ Cerebral Palsy
☐ Headaches/Migraines	☐ Genetic Disorder	☐ Cancer
☐ Thyroid	☐ Gastrointestinal Issues	☐ Cardiac Issues

MEDICAL TEST(S): ☐ Genetic Testing ☐ EKG ☐ ECHO ☐ EEG ☐MRI ☐ CT ☐ X-Ray

CURRENT MEDICATIONS: List: _____

MENTAL HEALTH:

☐ NO Mental Health Concerns	☐ ADHD	☐ Anxiety
☐ Autism	☐ Depression	☐ Intellectual Disability
☐ Learning Impairment/Dyslexia	☐ Oppositional Defiant Disorder	☐ Tic Disorder/Tourette's

Comments: