# INTERAGENCY REFERRAL FORM

*Serving Alachua, Citrus, Dixie, Gilchrist, Levy, and Marion Counties*

**Residence County:**_____ **Date of Referral:**_____

**Referring Person:**_____ **Agency:**_____ **Phone:**_____

## REFERRAL INFORMATION

**Concern:** ☐Learning ☐Speaking ☐Behaving ☐Seeing ☐Walking ☐Listening ☐Sensory Issues ☐Other

**Comments on Area(s) of Concern:**_____

**Medical Diagnosis From Dr.:**_____ **Previous Evaluation(s):**_____

## CHILD INFORMATION

**Last:**_____ **First:**_____ **Middle:**_____

**DOB:**_____ **Male - Female** **Race:**_____ **Declined:**_____

**Hispanic:**_____ **Non-Hispanic:**_____

**Child's Primary Language:**_____ **Parent's Primary Language:**_____

## FAMILY INFORMATION

**Parent/Guardian:**_____ **Relationship to Child:**_____

**Mailing Address:**_____ **City:**_____ **Zip:**_____

**Street Address:**_____ **City:**_____ **Zip:**_____
*(If different from mailing address)*

**Best Phone:**_____ **Second Phone:**_____

**Email:**_____

## CURRENT SERVICES

**Child Care Facility/School:**_____

**Receiving Therapies @:**_____

## ADDITIONAL INFORMATION

## Mail or Fax Referral Form to:

**FDLRS/Springs**
**3881 NW 155th Street**
**Reddick, FL 32686**

**Toll Free: 1-800-533-0326**
**Phone: 352-671-6051**
**Fax: 352-671-6096**

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