Riverside
Miami County Board of
Developmental Disabilities

Early Intervention Services

Riverside Early Intervention (EI) – Referral/Intake Form

Please complete this brief form and return to the Early Intervention Services Team. An Early Intervention Services Coordinator will contact you within 48 hours for additional information as needed. Thank you!

*Denotes a required field.

Person making referral*: _____ Relationship/Agency*: _____

Address*: _____

Phone*: _____ Fax: _____ Email: _____

DEMOGRAPHIC INFORMATION:

Child's Name*: _____ D.O.B.*: _____ Sex: M ☐ F: ☐

Child Resides with Name*: _____ Relationship*: _____

Child Resides with Name: _____ Relationship: _____

Address*: _____

Home Phone*: _____ Cell Phone: _____ Texting: Y ☐ N ☐

Email: _____ Best time to contact: _____

Primary Language: _____

HEALTH INFORMATION:

Pediatrician: _____

Birth History: Full-term Y ☐ N ☐ If no, weeks premature: _____

Medical Diagnosis: _____

_____

REASONS FOR REFERRAL:

Concerns/Comments/Notes: _____

_____

_____

For more information about Early Intervention Services, please contact our Early Intervention intake at (937) 440-3099 or at earlyintervention@riversidedd.org.

1625 Troy Sidney Road | Troy, Ohio 45373 | (937) 440-3000
(937) 332-1652 (fax) | riversidedd.org