



Department of Health  
Early Intervention

For H-KISS Use Only:

Part C Referral:

Yes  No

H-KISS REFERRAL FORM

Please type or print

Call/Fax Date to H-KISS: \_\_\_\_\_ Referral Source Name: \_\_\_\_\_ Ph #: \_\_\_\_\_

MM/DD/YY

Relationship to Child:  Parent  Primary Care Physician  HS  EHS  Other: \_\_\_\_\_

Address, include city & zip code (if not parent): \_\_\_\_\_

How Referral Source Became Aware of H-KISS: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

First

Last

MM/DD/YY

Gender:  M  F Age: \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ weeks

Legal Guardianship:  Parent(s)  Other: \_\_\_\_\_ Phone: \_\_\_\_\_

CWS: SW Name: \_\_\_\_\_ Phone/Fax: \_\_\_\_\_

Area(s) of Concern: (check all that apply)

Developmental Delay:  Cognitive  Physical  Communication  Social/Emotional  Adaptive

Biological Risk:  Chrom. Ab.  Genetic/Congenital Disorder  Tech. Dep./Skilled Nursing Needed

Estimated Date of Discharge: \_\_\_\_\_

MM/DD/YY

Healthy Start Referral:  Low Income  <18 years  1<sup>st</sup> pregnancy  Poor Parenting Skills  
 Few Social Supports  Social/Emotional Issues

Developmental, Medical, and/or Environmental Concerns: \_\_\_\_\_

Screening/Assessments Done:

ASQ  ASQ-SE  M-CHAT  DIAL-R  Denver  HELP  PEDS

Audiological (Include Newborn Hearing Screening)  Other: \_\_\_\_\_

Significant Results: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Ph #: \_\_\_\_\_

MD Specialist(s): \_\_\_\_\_

Agencies Working w/ Child:  Child Welfare Services  Children w/ Special Health Needs Branch  Early Head Start

Early Intervention Section  Enhanced Healthy Start  Guardian Ad Litem  Healthy Start  Kaiser Hospital

Kapiolani Medical Center  Public Health Nursing  Tripler Army Medical Center  Other: \_\_\_\_\_

EPSDT Medically Fragile CM Agency (Specify Agency): \_\_\_\_\_

Primary Caregiver Name(s): \_\_\_\_\_

Relationship to Child:  mother  father  foster parent  guardian  other: \_\_\_\_\_

Residence Address (include city & zip code): \_\_\_\_\_

Mailing/Other Address (include city & zip code): \_\_\_\_\_

Phone # (h): \_\_\_\_\_ (c): \_\_\_\_\_ (c): \_\_\_\_\_ (w): \_\_\_\_\_

(primary)

(secondary)

(other): \_\_\_\_\_ Best Call Time: \_\_\_\_\_ Preferred Call Number: \_\_\_\_\_

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