



Department of Health
Early Intervention

For H-KISS Use Only:

Part C Referral:

Yes No

H-KISS REFERRAL FORM

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

Relationship to Child: Parent Primary Care Physician EHS PHN Other: _____
MM/DD/YY

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

Diagnosis: _____ ICD-9 Code: _____

Physician Signature: _____ Date: _____

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: _____

Concern: _____

Primary Care Physician: _____ Ph #: _____

- Agencies Working w/ Child: Child Welfare Services Children w/ Special Health Needs Branch Early Head Start
- Enhanced Healthy Start Healthy Start Public Health Nursing 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: _____

Legal Guardian: I provide consent for Department of Health Early Intervention to share the status of the referral with the referral source. Signature: _____ Date: _____

Hawai'i Keiki Information Services System (H-KISS) ♦ 1350 S. King St. #200 ♦ Honolulu, Hawai'i 96814
(O'ahu) 594-0066 ♦ (Neighbor Islands) 1-800-235-5477 ♦ FAX: (808) 594-0073