



Referral for ITC-SV Early Intervention Services

PO Box 2500, Winchester, VA 22604

To make a referral please fax completed form to Central Point of Contact Gena Zydalis at 540-450-1051 or call directly at 540-450-1052 ext. 1

Date of Referral: _____
Referral Source (name/agency, contact #) _____

Child's Name: _____ Date of Birth: _____
Gender: ___M___F Race: _____ Family's Primary Language: _____

Parent/Guardian Name: _____
First Contact Number: _____ Second Contact Number: _____

Address: _____
Circle: Clarke, Frederick, Page, Shenandoah, Warren, Winchester

Insurance Company: _____ or Medicaid/FAMIS # _____

ICD 10 Diagnosis Code: _____
Concerns resulting in referral: _____

Previous Testing/Services: _____
Primary Physician: _____

If physician is making the referral, please complete the following:

I am referring this child to the Infant and Toddler Connection of Shenandoah Valley. If the child is found eligible, I authorize assessment performed by any of the following professionals: PT,OT, SLP, Educator.

Physician's Signature/Date: _____

For ITC Use Only

45th Day: _____ ITOTS#: _____ Service Coordinator: _____
Other Information:

