



# ECI ★ WHY WAIT?

An Affiliate of Texas Early Childhood Intervention

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FAX (915) 496-0750

Date: \_\_\_\_\_

To: ECI Child Find

Number of Pages: \_\_\_\_\_

From: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

## ECI Fax Referral Form

Send Follow-up Information To:

Date: \_\_\_\_\_

(Physician) \_\_\_\_\_

Person Referring: \_\_\_\_\_

Address: \_\_\_\_\_

Agency: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell/Emergency: \_\_\_\_\_

Address: \_\_\_\_\_ PO Box (if applicable): \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Race: \_\_\_\_\_

Parents/Guardian Name: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

Pediatrician: \_\_\_\_\_ Is family aware of referral being made ? YES / NO

Comments: \_\_\_\_\_

Physicians: \*Please complete attached physical/prescription form or return copy of most recent physical exam.

FOR STAFF USE ONLY:

ECI Program Referred to: PDN \_\_\_\_\_ EZ \_\_\_\_\_ REG 19 \_\_\_\_\_ OTHER \_\_\_\_\_