



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
OFFICE OF CHILDHOOD - EARLY INTERVENTION



**PHYSICIAN INFORMED CLINICAL OPINION
AND IMPACT STATEMENT**

NAME OF CHILD		DATE OF BIRTH	DATE COMPLETED
INSTRUCTIONS			
<p>First Steps is Missouri's early intervention system for infants and toddlers, birth to age three, who have a diagnosed condition associated with developmental disabilities, or a high probability of a developmental delay or disability. For conditions not listed in the First Steps eligibility criteria, a physician must provide documentation of the diagnosed condition and potential impact in at least one developmental area.</p> <p>Complete this form with information about the child referred to First Steps and return it as soon as possible to the First Steps System Point of Entry (SPOE) office. The SPOE contact information is included below.</p>			
PHYSICIAN USE ONLY			
DIAGNOSED CONDITION		ICD-9 CODE	ICD-10 CODE
There is potential for this diagnosed condition to impact the child's development. <input type="checkbox"/> No <input type="checkbox"/> Yes			
If yes, indicate the potential impact of the condition in each developmental area below:			
ADAPTIVE / SELF HELP, CHECK ONE: <input type="checkbox"/> No concerns <input type="checkbox"/> At risk <input type="checkbox"/> High probability of disability		IF HIGH PROBABILITY, DESCRIBE:	
COGNITIVE / LEARNING, CHECK ONE: <input type="checkbox"/> No concerns <input type="checkbox"/> At risk <input type="checkbox"/> High probability of disability		IF HIGH PROBABILITY, DESCRIBE:	
PHYSICAL / VISION / HEARING, CHECK ONE: <input type="checkbox"/> No concerns <input type="checkbox"/> At risk <input type="checkbox"/> High probability of disability		IF HIGH PROBABILITY, DESCRIBE:	
SOCIAL / EMOTIONAL / BEHAVIORS, CHECK ONE: <input type="checkbox"/> No concerns <input type="checkbox"/> At risk <input type="checkbox"/> High probability of disability		IF HIGH PROBABILITY, DESCRIBE:	
COMMUNICATION / NONVERBAL LANGUAGE, CHECK ONE: <input type="checkbox"/> No concerns <input type="checkbox"/> At risk <input type="checkbox"/> High probability of disability		IF HIGH PROBABILITY, DESCRIBE:	
PRINTED NAME OF PHYSICIAN		SPECIALITY	
PHYSICIAN ADDRESS		PHYSICIAN PHONE NUMBER	
PHYSICIAN SIGNATURE			DATE OF SIGNATURE
SPOE CONTACT INFORMATION			
SPOE AGENCY NAME AND ADDRESS			FAX NUMBER

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