



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



NEONATAL INTENSIVE CARE UNIT (NICU) REFERRAL FORM

NAME OF CHILD*		DATE OF BIRTH*	GENDER* Male <input type="checkbox"/> Female <input type="checkbox"/> Ambiguous <input type="checkbox"/>		DATE COMPLETED
INSTRUCTIONS					
To refer a newborn to the First Steps program, NICU staff may complete this form or submit a referral online at: www.mofirststeps.com .					
To submit a referral using this form, an asterisk (*) indicates required information. Return the completed form to the System Point of Entry (SPOE) serving the country in which the child resides. Contact information for the SPOE can be found at: https://dese.mo.gov/childhood/early-intervention/first-steps					
Statement: If you or a member of your immediate family ever served in the U.S. Armed Forces, click here for more information about military-related services in Missouri or visit www.dese.mo.gov/veterans-services .					
If you provide any "personal information" as defined in Section 105.1500, RSMo, concerning an entity exempt from federal income tax under Section 501(c) of the Internal Revenue Code of 1986, as amended, you understand and agree that you are voluntarily choosing to seek a state contract and providing such information for that purpose. The Department of Elementary and Secondary Education will treat such personal information in accord with Section 105.1500, RSMo, unless such information is subject to disclosure pursuant to federal or state law.					
CHILD INFORMATION					
BIRTH WEIGHT (GRAMS)*		GESTATIONAL AGE (WEEKS)*		Is the child currently hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> APGAR of 6 or less at 5 minutes		<input type="checkbox"/> Intraventricular hemorrhage (Grade II, III or IV)		<input type="checkbox"/> Any Positive Pressure Ventilation > than 48 hours, including continuous positive airway pressure (CPAP), ventilator or oscillator	
DIAGNOSIS		ICD-10 CODE		COMMENTS	
PRIMARY CARE PHYSICIAN		PRIMARY CARE PHYSICIAN PHONE NUMBER			
PARENT/ GUARDIAN INFORMATION					
PARENT/GUARDIAN NAME*			RELATIONSHIP TO CHILD *		PRIMARY LANGUAGE*
ADDRESS/CITY/STATE/ZIP*			PHONE NUMBER*		ALTERNATE PHONE NUMBER
COUNTY*	EMAIL ADDRESS		Has the parent been informed of this referral?* <input type="checkbox"/> Yes <input type="checkbox"/> No		
REFERRAL SOURCE INFORMATION					
REFERRING HOSPITAL NAME AND ADDRESS*				HOSPITAL PHONE NUMBER*	
PRINTED NAME OF REFERRING PHYSICIAN*			REFERRING PHYSICIAN SIGNATURE*		DISCHARGE SUMMARY ATTACHED? <input type="checkbox"/> Yes <input type="checkbox"/> No
PERSON COMPLETING THIS FORM*			PHONE NUMBER*		EMAIL ADDRESS
SPOE USE ONLY					
REFERRAL DATE	REFERRAL RECEIVED VIA <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Phone		INTAKE COORDINATOR NAME		DATE ASSIGNED

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, gender identity, sexual orientation, national origin, age, veteran status, mental or physical disability, or any other basis prohibited by statute in its programs and activities. Inquiries related to department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Director of Civil Rights Compliance and MOA Coordinator (Title VI/Title VII/Title IX/504/ADA/ADAAA/Age Act/GINA/USDA Title VI), 5th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966; email civilrights@dese.mo.gov.