

Primary Healthcare Provider Summary INSTRUCTIONS

Updated: July 1, 2020

Who is responsible: Intake Coordinators and Service Coordinators



Purpose and Use

The purpose of this form is to obtain current health information as required for the following:

- Establishing that the child is receiving or continues to receive primary health care.
- Requesting up-to-date medical information for initial and annual eligibility determination.
- Assessment of child's health status for annual evaluation of the IFSP.

The Intake Coordinator is required to send this to the primary health care provider as soon as possible after intake.

The Service Coordinator is required to send the form to the primary health care provider at least 30 calendar days prior to the annual evaluation of the IFSP.

The Primary Healthcare Provider Health Summary form **must be accompanied by a current signed and dated Consent to Release and/or Obtain Information form, specifying the name and contact information of the primary health care provider and the purpose of the request for information.**

Section 1: Child and Parent Information

Check to indicate if the primary healthcare summary is requested for the initial or annual determination of IDEA/Part C eligibility and IFSP.

Enter the child's legal first and last name, date of birth, BRIDGES ID number, and current address.
Enter the parent's name and phone number.

Section 2: Primary Healthcare Provider Contact Information

Enter the name and mailing address of the child's primary health care provider.

Enter the e-mail address, phone number, and/or fax number of the primary healthcare provider. At least one method of contact must be included.

Section 3: Current Health Status

To be completed by the primary healthcare provider.

Section 4: Intake Coordinator or Service Coordinator Contact Information

Complete the check box for either Intake Coordinator or Service Coordinator and enter name.

Enter the date the form is sent, agency, and address of the Intake or Service Coordinator sending the form.

Enter the e-mail address, phone number and fax number for the Intake Coordinator or Service Coordinator.

Complete a service log in BRIDGES that documents that the request was sent. In a separate log, document the date the primary healthcare provider information is received with a summary of the information in a BRIDGES service log. Make additional changes on the BRIDGES Health screen as needed.