

**PRIMARY HEALTHCARE  
PROVIDER SUMMARY  
EXAMPLE**

Initial       Annual

Your assistance is requested to obtain health information for the child listed below to assist in eligibility determination and service planning. **A signed consent for release of information is attached.**

**SECTION 1: CHILD INFORMATION**

Child's Name: Jason Richards

Date of Birth: 07/06/18

BRIDGES ID #: 353588

Address: 532 Bays View Rd, Pacelot, SC 29372

Parent Name: Sarah Richards

Phone: (864) 202-2221

**SECTION 2: PRIMARY HEALTHCARE PROVIDER INFORMATION**

Name: Dr. Derek Shepherd

Address: Cherokee Children's Clinic, 1307 N. Logan St, Gaffney SC 29341

E-Mail: [ccc-gaffney@freemail.com](mailto:ccc-gaffney@freemail.com)

Phone: (864) 301-2222

Fax: (864) 301-2223

**SECTION 3: CURRENT HEALTH STATUS** (to be completed by primary healthcare provider)Is this child at substantial risk for developmental delay based upon medical history or current status?  No  YesIf yes, please describe: *Cerebral Palsy*Please list other or new significant medical conditions that may impact development: *possible risk of contractures and scoliosis; susceptible to upper respiratory infections*Are the child's immunizations up to date?  No  Yes If no, please describe:Are other health care providers serving this child?  No  Yes If yes, please list: *neurology, pediatric orthopedist*Have you/your office made referrals to other agencies to meet this child's health-related needs?  No  Yes If yes, please list:

*Derek D. Shepherd, M.D., AtAtP*

*Signature of primary healthcare provider or designated representative*

*July 9, 2020*

*Date*

**SECTION 4: INTAKE COORDINATOR OR SERVICE COORDINATOR'S CONTACT INFORMATION** Thank you for your assistance. Please return this form to the Coordinator listed below or call if you have questions about this request.

Name:  Intake Coordinator  Service Coordinator

Date Sent: June 19, 2020

Agency: IDEA/Part C intake Office/Greenville

Address: 600 East Washington St, Greenville SC 29601

E-mail: [IDEA/Part C@scdhhs.gov](mailto:IDEA/Part C@scdhhs.gov)

Phone: (864) 331-1450

Fax: (864) 331-1456