

MEDICAL REVIEW BOARD REFERRAL
Please Type or Print Clearly

TO: Chairperson, Medical Review Board

FROM: _____

DATE: _____ **TELEPHONE NUMBER:** _____

CHILD'S NAME	LINK/CONDOIT NUMBER	DATE OF BIRTH	DATE OF REFERRAL
RELIGION	ETHNICITY		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE

LEGAL STATUS

- Committed Abused/Neglected/Uncared for
- Committed Delinquent
- Dual Commitment (Abuse/Neglect/ Delinquent)

BEGIN DATE: _____

- Statutory Parent
- Committed/FWSN
- Not Committed

END DATE: _____

- Order of Temporary Custody
- Voluntary Services
- Other (Specify): _____

What is the permanency plan?

Notifications and communication: (Check all that apply and attach documentation of all contacts. Documentation must indicate whether each individual understands why the procedure is necessary, understands the risks and benefits and agrees with the recommendation. If the individual is not in agreement, document reason for disagreement.)

Child's Attorney is aware of the surgery or medical plan including the procedure, its risks and benefits (Always required); and is in agreement with the plan. If not in agreement document reason for disagreement.

Child's GAL is aware of the surgery or medical plan including the procedure, its risks and benefits (Always required); and is in agreement with the plan. If not in agreement document reason for disagreement.

Name and phone number of child's attorney: _____

Name and phone number of child's guardian ad litem: _____

Mother is aware of the surgery or medical plan including the procedure, its risks and benefits; and is in agreement with the plan. (Not required if DCF is the statutory parent of the child.) If Parent is not in agreement document reason for disagreement.

Name and phone number of mother: _____

Father is aware of the surgery or medical plan including the procedure, its risks and benefits; and is in agreement with the plan. (Not required if DCF is the statutory parent of the child.) If Parent is not in agreement document reason for disagreement.

Name and phone number of father: _____

Mother's Attorney is aware of the surgery or medical plan including procedure, its risks and benefits; and has ensured mother is aware. (Not required if DCF is the statutory parent of the child.)

Father's Attorney is aware of the surgery or medical plan including procedure, its risks and benefits; and has ensured parent(s) are aware. (Not required if DCF is the statutory parent of the child.)

Name and phone number of mother's attorney: _____

Name and phone number of father's attorney: _____

Foster parent(s) is/are aware of the surgery or medical plan including the procedure, its risks and benefits; and is/are in agreement with the plan. (Only required if foster parent is a permanent resource for the child.)

Name and phone number of foster parent(s): _____

Primary Care Provider is aware of the surgery or medical plan and in agreement with the plan.

Specialty Provider(s) is/are aware of the surgery or medical plan and in agreement with the plan.

Area Director is aware of the plan and the results of all notifications and is in agreement with the plan.

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Current placement (foster parent/residential/facility, etc) is/are aware of the post-op requirements and can properly care for the child upon return to the placement. If placement cannot fully care for the child upon return, please specify what alternative arrangements have been developed:

NAME AND ADDRESS OF CURRENT PLACEMENT		TELEPHONE NUMBER
PRIMARY HEALTH PROVIDER (LOCAL PHYSICIAN) NAME		TELEPHONE NUMBER
SUB-SPECIALIST/CLINIC NAME(S)		TELEPHONE NUMBER
IS CHILD HOSPITALIZED NOW? <input type="checkbox"/> Yes <input type="checkbox"/> No	WHY?	
CURRENT MEDICATION(S)	ALLERGIES	

Description of the circumstances requiring MRB review:

Action requested:

AREA OFFICE/PAROLE SERVICES ADDRESS		FAX NUMBER
AREA OFFICE/PAROLE SERVICES DIRECTOR NAME		TELEPHONE NUMBER
SOCIAL WORKER/PAROLE OFFICER NAME	SIGNATURE	TELEPHONE NUMBER
RRG NURSE NAME	SIGNATURE	TELEPHONE NUMBER

Disposition:

- Requires full Medical Review Board review
- Requires Director of Pediatrics review