

**California Children's Services (CCS)  
High Risk Infant Follow-Up (HRIF) Program  
HRIF Team Visit Report Form**

**Instructions:** The purpose of this form is to provide key HRIF program visit information required by the CCS Program or Regional Office for ongoing case management purposes. In addition to submitting this form to the CCS Program or Regional Office, a copy of this information is also to be submitted to the child's pediatric primary care provider or medical home, NICU medical director (if the director is not the HRIF program medical director) and other providers involved in the care of the child\*. This form contains elements required by CCS for case management. Please attach copies of the (dictated) history and physical, and other pertinent reports.

<b>Child's Name:</b> _____  <b>HRIF Visit Date:</b> -- -- / -- -- / -- -- -- --  <b>CCS Number:</b> -- -- -- -- -- -- -- --  <b>Birth Date:</b> -- -- / -- -- / -- -- -- --  <b>Current Medical Home Provider:</b> <i>Write the medical home provider on the lines provided.</i> _____ _____ _____	<b>Name of HRIF Program:</b> _____  <b>CCS HRIF SCC Directory Number:</b> <b>7</b> . ____ . ____  <b>Team Members:</b> <i>Write in team member names on the lines provided.</i> _____ _____ _____ _____
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( ) *Check members whose findings are attached.*

**Attach the following:**

- 1) **Summary of Key Findings and Recommendations (i.e., History and physical exam, motor/neurological, developmental exam and pertinent findings for audiology, ophthalmology, and psychosocial assessments).**
- 2) **A copy of the physician report which addresses the physical exam findings and recommendations for CCS case management.**

**\* Check all that received a copy of this report form.**

<u>Copy Required</u>	<u>Interventions / Other Providers</u>	
<input type="checkbox"/> CCS / Regional Office	<input type="checkbox"/> Early Start	<input type="checkbox"/> Other Providers or Special Care Centers involved <i>(Please list below)</i>
<input type="checkbox"/> NICU Director <small>(if other than the HRIF Medical Director)</small>	<input type="checkbox"/> Medical Therapy Unit	_____
<input type="checkbox"/> Medical Home	<input type="checkbox"/> Occupational Therapist	_____
	<input type="checkbox"/> Physical Therapist	_____
	<input type="checkbox"/> Speech Therapist	_____