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.

Child's Name: _____ **Name of HRIF Program:** _____

HRIF Visit Date: __ __/__ __/__ __ __ __

CCS HRIF SCC Directory Number: 7 ___ . ___ ___ . ___ ___

CCS Number: ___ ___ ___ ___ ___ ___ ___

Team Members: *Write in team member names on the lines provided.*

(Ö) Check members whose findings are attached.

Birth Date: ___ ___/___ ___/___ ___ ___ ___

Current Medical Home Provider:
Write the medical home provider on the lines provided.

_____ ☐

_____ ☐

_____ ☐

_____ ☐

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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.**

Copy Required

- ☐ CCS / Regional Office
- ☐ NICU Director (if other than the HRIF Medical Director)
- ☐ Medical Home

Interventions / Other Providers

- ☐ Early Start
- ☐ Medical Therapy Unit
- ☐ Occupational Therapist
- ☐ Physical Therapist
- ☐ Speech Therapist
- ☐ Other Providers or Special Care Centers involved (***Please list below)***

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