Help Me Grow
South Carolina

Please fax to 864-454-1114 or email to Info@helpmegrowsc.org

Date:_____

Name of Child: _____ DOB: _____

Mailing Address: _____

City: _____ Zip Code: _____

Phone: _____ Email: _____

Parent/Legal Guardian: _____

Language Spoken: _____

Person Referring/Office Name: _____

Referral Source Contact Information -Telephone: _____Fax: _____

Is the parent/guardian aware of the referral? □ Yes □ No

Is the referral a result of a developmental screening? □ Yes □ No

If yes, please include a copy of the developmental screening with the referral.

Areas of concern:

□	Gross motor skills	□	Social-emotional
□	Fine motor skills	□	Behavioral
□	Speech/language skills	□	Parent support/Education
□	Continued monitoring of development	□	Mental health
□	Prematurity _____weeks	□	Other: _____

Additional information:_____

_____