

## PROVIDER POINTS OF REFERRAL: WHEN TO REFER TO WHOM

| Type of Provider                      | When to Refer   |
|---------------------------------------|---|
| Geneticist                            | When family history includes known conditions, or exam suggests genetic condition. May include a screening panel of possible genetic conditions (fragile X, 22q deletions, etc).  |
| FASD diagnostic clinic                | When FASD remains a concern, but the presentation or history is not clear or sufficient to support diagnosis.   |
| Developmental/behavioral pediatrician | Especially in younger children with mixed delays who will need monitoring. Also children of any age with significant behavior and/or cognitive problems.  |
| Neurologist                           | When exam suggests focal neurologic deficits or conditions requiring neurologic investigation or intervention (eg, seizures, neuromuscular deficits).   |
| School evaluation                     | When academic performance or behavior is below par and requires intervention via education plan.  |
| Early intervention                    | For younger children at high risk, or with observed developmental delays, to ensure adequate support services.  |
| Developmental therapist               | As indicated by developmental assessment and monitoring, especially when school-based therapy does not appear to be sufficient.   |
| Psychologist                          | For definition of cognitive and executive function, to assist with development of Individualized Education Program or other education plans.  |
| Family therapist                      | As indicated to facilitate improved family function and positive relationships, especially when children have witnessed domestic violence or have been victims of neglect/abuse. Successful family reunification requires the child's recovery from previous trauma, real change in behavior by offending parents, and close monitoring to ensure the child's safety. When the child is in a new home, family therapy may help to define roles and relationships that differ from the child's past experiences. |
| Child protective services (CPS)       | When any aspect of exam or history suggests active or previous events that have not been addressed. Attempts at family reunification will require close communication between clinic and CPS staff to ensure safety.  |
| Other                                 | Community-based case management can be a very useful resource but may not be easy to find or access. Most options will be via mental health agencies, which might not be fully responsive to need for long-term (lifelong) support that recognizes the permanent nature of the deficits.  |