



Referral Form

This referral is for...

- MECA's Outpatient Children's Clinic (ages 3+ up)
- MECA's FIT Program (Birth to 3 yrs)

Date: _____

Your Name: _____

**Do you have a question, concern or comment?
We're here to help!**

Questions: Kim Harris, Community Liaison ph: 522-9507
 Children's Clinic: Chris Ybarra or Tina Moreno ph: 522-9500
 FIT Program: Sebastian Camacho, Program Director ph: 522-9504

CHILD'S INFO

Name			
Date of Birth			
Primary Language	<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Bilingual <input type="checkbox"/> Other _____
Area(s) of Concern	Outpatient Clinic (age 3 and up)		FIT Program (birth-3)
	<input type="checkbox"/> Speech Therapy <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Aquatic Therapy		<input type="checkbox"/> Speech Therapy <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Family Therapy <input type="checkbox"/> Social Work <input type="checkbox"/> Other (please specify):

PARENT/GUARDIAN INFO

Name(s)			Primary Language:
Phone	Home	Cell	Other
Address	<input type="checkbox"/> check if same as child		

Please complete the next three items if the child is being referred to our **Outpatient Children's Clinic**

ICD-9 Code	
Diagnoses	

Physician's Name (please print): _____ Ph: _____

Physician's Signature: _____ Date: _____

Please fax this form to 575-523-1108
 Thank you for your referral!
 1350 Hillrise Circle, Las Cruces, NM 88011 • Ph: 575-522-9500