

# REFERRAL INFORMATION

## NMSBVI Infant Toddler Program

801 Stephen Moody St. SE  
Albuquerque, New Mexico 87123  
(505) 271-3066; Toll free: (855) 764-6380  
Fax: (505) 291-5456

Babies Count Code: \_\_\_\_\_

Date ONH Submitted: \_\_\_\_\_

Referral Date: \_\_\_\_\_

Referral Source: \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Ethnicity: \_\_\_\_\_  
(Asian, Black, Caucasian, Hispanic, Middle Eastern, Native American, Navajo)

Parent(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Vision Concerns/Diagnosis: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Eye Doctor: \_\_\_\_\_ Date of Last Visit: \_\_\_\_\_

Other Diagnosis or Medical Information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Other Medical Specialists: \_\_\_\_\_

Other Agencies Involved: \_\_\_\_\_

Medicaid Eligible:  Yes  No Medicaid Number: \_\_\_\_\_

ICD10 Code - Primary Diagnosis: \_\_\_\_\_

ICD10 Code - Secondary Diagnosis: \_\_\_\_\_