



Infant & Toddler  
Connection of Virginia

Central Directory: 1 (800) 234-1448  
TTY/TTD 1(804) 771-5877

Infant & Toddler Connection of [Local System]

[Address]

[Address]

[City], Virginia [Zip]

[Phone (000) 000-0000]

Date:

Physician Name

Address

City, State, Zip Code

RE:

Child's Name

Date of Birth

Dear Dr. \_\_\_\_\_:

A copy of the Individualized Family Service Plan (IFSP) developed for this child is attached. The following services recommended by the IFSP team require certification that they are medically necessary:

- Physical Therapy    Occupational Therapy    Speech Therapy    Developmental Services  
 Other (please specify: \_\_\_\_\_)

**Physician Certification**

Please indicate your agreement with these IFSP services by checking the box below and by signing this form.

- I certify and approve that the services recommended above are medically necessary for this child. I have reviewed and agree with the attached IFSP.

**Health Status Indicators**

As the child's primary care provider, your input is important. Please review and complete the information below to include the six questions regarding the child's status on several health indicators. Once completed please sign and date the form and return it to the address or fax number listed below.

**Health Status Indicator Questions**

1. Is this child up to date (per CDC/ACIP guidelines for this year) on immunizations? \_\_\_ Yes \_\_\_ No
2. What is the date of this child's most recent visit with you? \_\_\_/\_\_\_/\_\_\_.
3. What is the date of the most recent well child visit? \_\_\_/\_\_\_/\_\_\_.
4. What month/year should this child see you for the next well-child visit? \_\_\_/\_\_\_.
5. Are there immunizations needed at time of next visit? \_\_\_Yes \_\_\_No
6. Does the child's record have any lead testing (either capillary or venous) results? \_\_\_ yes \_\_\_ no If yes, date service provided \_\_\_/\_\_\_/\_\_\_ and testing results: \_\_\_normal \_\_\_elevated

Physician Signature

Date

Thank you,

Name/Title

Return this form to:

Name, address, city/state/zip code, fax number