

Date: [Date]
Referring Physician: [Referrer Name]
Patient Name: [Patient Name]
Date of Birth: [DOB]
Date of Consultation: [Consult Date]

Dear Dr. [Referrer Last Name],

Thank you for referring [Patient Name] for a developmental evaluation. This report summarizes my initial findings and recommendations regarding [his/her] developmental progress.

Reason for Referral

[Describe the primary concerns such as speech delay, motor skills, or social-emotional behaviors].

History and Observations

Birth/Medical History: [Brief summary of gestation, delivery, and relevant past medical history].

Developmental Milestones: [Summary of previous milestones achieved].

Social/Family History: [Relevant home environment or family history].

Clinical Assessment

Based on today's clinical observation and standardized screening tools ([Name of tools used]), the following areas were assessed:

- **Gross/Fine Motor Skills:** [Observations]
- **Communication/Language:** [Observations]
- **Social/Adaptive Skills:** [Observations]
- **Cognitive Skills:** [Observations]

Impression

[Patient Name] demonstrates developmental delays in the following domain(s): [List domains]. These findings are consistent with [Diagnosis/Preliminary Impression].

Recommendations and Plan

1. Referral to [Speech/Occupational/Physical] therapy.
2. Referral for formal Audiology/Hearing screening.
3. Genetic testing or metabolic workup: [Ordered/Not indicated].
4. Enrollment in Early Intervention (Part C) or School-Based Services.
5. Follow-up appointment in [Number] months for re-evaluation.

It is a pleasure to participate in the care of this child. Please contact my office if you have any questions.

Sincerely,

[Signature]

[Consultant Name, Credentials]

[Clinic/Department Name]