

## Rhode Island Early Intervention Services Rendered Form for Multidisciplinary Evaluation/Assessment

<b>Child's Name:</b>		<b>DOB:</b>		<b>ID:</b>	
<b>Service Date:</b>		<b>Service Coordinator:</b>		<b>Insurance Coverage Change?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Service Location</b>				<b>Cancellation Type</b>	
<input type="checkbox"/> Center Based	<input type="checkbox"/> Home	<input type="checkbox"/> Telehealth- Home (Phone Only)		<input type="checkbox"/> Family Cancellation	
<input type="checkbox"/> Childcare	<input type="checkbox"/> Office or n/a	<input type="checkbox"/> Virtual- Childcare		<input type="checkbox"/> Family Canc. < 24 hours	
<input type="checkbox"/> Community	<input type="checkbox"/> Telehealth- Childcare (Phone Only)	<input type="checkbox"/> Virtual- Community		<input type="checkbox"/> Missed Appt. / no reason given	
<input type="checkbox"/> EI Group in Community	<input type="checkbox"/> Telehealth- Community (Phone Only)	<input type="checkbox"/> Virtual- Home		<input type="checkbox"/> Provider Cancellation	
<b>Visit participants:</b>					
<input type="checkbox"/> A multidisciplinary evaluation/assessment was conducted					
<b>Additional Information (optional):</b>					
<b>Provider/Signature:</b>	<b>Date:</b>	<b>Code:</b>	<b>Time In:</b>	<b>Minutes:</b>	<b>NEXT VISIT:</b>
1.		H2000			
2.					
3.					
4.					
5.					