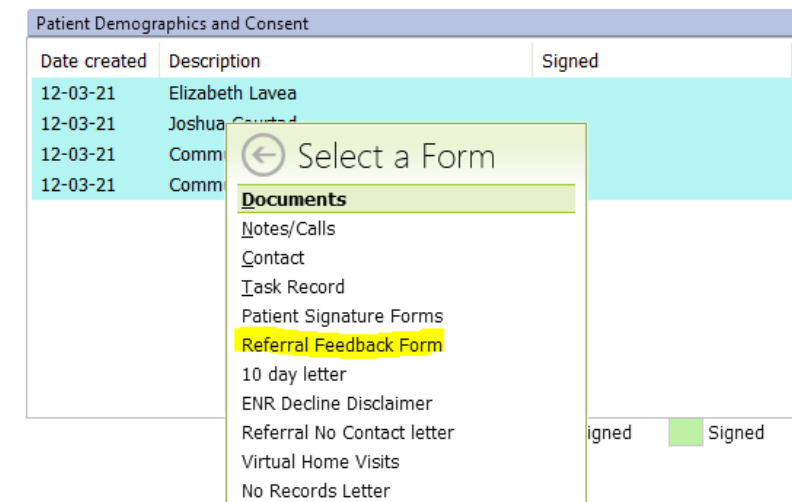


# Referral Feedback Form

1. If a child is **Lost to Follow Up** or family has **Declined Services** BEFORE a child is evaluated, we send a referral feedback form to the referral source.
2. Go to the child's chart | Admin Tab | Patient Demographics and Consent box
3. Right click to "Add" or click anywhere in the box and hit the "A" key
4. Select Referral Feedback Form



5. The form auto-fills all necessary information except your choice of feedback
6. Put an "X" on the line in front of the appropriate feedback choice

**Programs for Infants & Children, Inc.**  
161 Klevin Street Suite 103  
Anchorage, AK 99508  
(907) 561-8060 Fax (907) 563-3172

Date: 10-28-25

To: TestTest

PIC would like to keep you informed on the referral you have made regarding

Child's Name: Benjamin Test DOB: 08-24-2024

\_\_\_\_ PIC has received a referral for this child from another person/agency and we are currently processing the referral.

\_\_\_\_ An assessment/screening was completed.

☒ PIC has made contact with the family, however, services were declined at this time.

**OR**

☒ PIC has made several attempts to contact family by phone and mail and they have been unsuccessful.

Thank You for your referral.

Programs for Infants and Children, Inc.

7. Save or F10

8. The form is ready to be sent to the referral source through the “Fax/Email Note” button on Visit Info tab of the child’s chart

Send Documents - Benjamin Test DOB - 08-24-24 Age - 1

Patient # 00016932 Location 06 Correspondence Case  Fax Queue

Coversheet Info

Coversheet SEND:SENDL

Sender Micheala Phillips

Skip Fax Coversheet ☐

Faxesheet ☐

User specific email address as sender ☐

Email Subject Test Email Body Template SEND:EMAIL\_BODY.nar

Disclosures

☒ Track Correspondence using Disclosure Record Reason  ☐ Freeform Reason

Recipient Info

Delivery Method	Type	Name	Fax #	Email Address	DMSG
<input type="text"/>	Patient	Benjamin Test		mphilips@picak.org	No
<input type="text"/>	Patient's Location				No
<input type="text"/>	Patient's Employer				No
<input type="text"/>	Patient's Insurance				No
<input type="text"/>	Patient's Referral Source	Test Test	(907) 563-3172	MARY.SHEPARD@RAINTREEINC.COM	No
<input type="text"/>	Mother	Micheala Phillips		mphilips@picak.org	No
<input type="text"/>					No

Dates  -  Owner  Provider

Notetype  Template  Loc

Clear Filters Case  Cat

Add new document and send

Create Send Routing Task  Send Routing Tracking Task

Select Documents - Fax Email Print

Date	Form	Category	Description	Provi...
10-28-25	FEED	PFORM	referral feedback form	DS033
10-28-25	NOTES	DC	Exit/LTFU/Decline/WNL	10083
10-21-25	NOTES	DC	Exit/LTFU/Decline/WNL	DS033
10-14-25	NOTES	PFORM	TEST #2	10083
10-14-25	DOC	PFORM	TEST	DS033
10-14-25	NOTES	DEMO	Demographic (new ED)	10083

☒ All Documents ☐ Previous Documents Sent (Last 15 days)

Final Documents

Date	Form	Category	Description	Order	By
10-28-25	FEED	PFORM	referral feedba...	01	10...

Preview