



PwDRT Consultation Request Form

Provider requesting consultation: _____

Preferred contact (phone or email): _____

Are you available to participate in our team meeting by phone if needed: Yes No

Name of parent(s): _____

Preferred contact (phone or email): _____

Address of residence: _____

Caregiver with disability: Mother Father Both Other: _____

Type of Disability: Intellectual Mobility Sensory Mental Health

Specific diagnosis (if known): _____

Mother's DOB: _____ Father's DOB: _____

Is disability diagnosed or suspected? Diagnosed Suspected

Are you familiar with the symptoms of this disability: Yes No

Insurance: SoonerCare Tricare Indian Health Services Private Provider No insurance

Please list all children in the home (include first name, DOB, and any known disability):

Are children still in the home: Yes No

What are the greatest strengths of this parent/family?

1. _____
2. _____
3. _____

What are 3 specific parenting tasks that this parent needs to be more successful at?

1. _____

2. _____

3. _____

Current providers supporting family:

Are there any know natural supports for this parent? If so, who?

Do you feel any of the following supports would benefit this parent(s)?

- Extended time or repetition to learn new skills
- Modified materials to learn or remember
- Environmental supports or adaptations to increase independence
- Assistive technology
- Accessibility aids
- Help with communication due to 2nd language or literacy level
- In home coaching and support
- A community mentor

Return completed form to team leader:

Placing [secure] in the email subject line will encrypt your message to protect PHI

- **DHS Region 2 – Janet Wilson @ janet-m-wilson@ouhsc.edu**