UNIVERSITY OF UTAH SCHOOL OF MEDICINE | University Developmental Assessment Clinics

University Developmental Assessment Clinics (UDAC) Referral Form

Referring clinic name and phone: _____
Referring clinician: _____
Patient legal name: _____
Patient DOB: _____
Parent/Guardian name: _____
Phone: _____ Address: _____
Email _____
Insurance: _____
Concerns/needs: Please list symptoms, delays, previous testing, concerns you feel need to be evaluated by the UDAC. Be as specific as possible:

Consult(s) you feel most appropriate (circle):

Developmental Pediatrics * Speech/Language * Psychology * Audiology * OT * PT

Once we receive your referral, we will contact the family and schedule them for a "Welcome Visit" in person or by telehealth. This visit will help us gather pertinent information for better care.

Thank you for your referrals. Contact us anytime with questions.

PLEASE FAX THIS COMPLETED FORM TO 801-585-2209

UDAC PHONE NUMBER: 801-587-2255

Developmental Assessment Center
81 North Mario Capecchi Drive
Salt Lake City, Utah 84113
Phone (801) 587-2255
Fax (801) 585-2209