Referral Form

## for School-based Mental Health Services

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| School |  |  | Date of Referral |  |
| Agency Referred to |  |  |  |  |
| Student’s Name |  |  | Date of Birth |  |
| Preferred Language |  |  | Grade |  |
| Name of Staff Making Referral |  |  | Staff Roll (teacher, etc.) |  |
|  |
| Reason for Referral (be specific) |  |
|  |
|  |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Is there a safety concern? Y/N |  |  | If so, please explain. |  |

Contact Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Legal Guardian Name(s) |  |  | Relationship to Student |  |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Does guardian speak English? Y/N |  |  | If no, note language spoken. |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Phone Number |  |  | Secondary Phone Number |  |
| Email |  |  |  |  |
| Best time to contact? Morn/Aft/Eve or Specific Days |  |  |  |

Insurance and Demographic Information ( *not required but may expedite referral* )

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Insurance Type |  |  | Policy Number |  |
| Is the student already receiving any type of behavioral health services? |  |  |  |

|  |
| --- |
| Race/Ethnicity (please check): |
|  |
|  |  | American Indian/Alaska Native |  |  | Hispanic/Latino |  |  | White |
|  |
|  |  | Asian |  |  | Non-Hispanic/Latino |  |  | Other (please note) |
|  |
|  |  | Black |  |  | Native Hawaiian/Pacific Islander |  |  |  |

|  |  |
| --- | --- |
|  | For Office Use Only |
|  | Clinician Receiving Referral |  |  | Student’s SSN |  |  |
|  | Family Address |  |  |
|  | Insurance Type |  |  | Policy Number |  |  |
|  | Secondary Insurance |  |  | Policy Number |  |  |
|  | Date for Intake |  |  | Time |  |  |
|  |  |
|  | Disposition of Case |  |  |
|  |  |  |
|  |  |  |
|  |  |