School-Based Services Referral Form

School Site: ____Date of Request: ___________________
Student's Name: ____ Grade: __________________
Student's Address: ____

Street

City State Zip

DOB:______________Age__________Sex_______________Race/Ethnicity: ____________________
Parent/Guardian's Name: ____
Home Phone: __________________Work Phone: ________________Cell Phone: _______________
Primary Language: ___________________________Other Language: __________________________
Medi-Cal Eligible: Yes _ No __ Medi-Cal ID (If Available) ______________________________________
Reason for Referral (Please check all that apply and provide a brief description below)

	Sad/Depressed		Isolates		Fatigue/decreased Energy		Crying Spells		Sleeping Problems
	Eating Problem		Low Self-Esteem		Hallucinations/Delusions		Nervous/Anxious		Fidgety
	Easily Distracted		Poor Concentration		Difficulty Remaining Seated		Frustrated/Angry/Agitated		Impulsive
	Mood Swings		Stealing		Grief and Loss Issues		Victim of Trauma/Abuse		Defiant
	Hyperactive		Self-injurious		Homicidal/Suicidal		Destructive Property		Other

Description: ____
Referred by: ____ Position: _________________________
Phone: ____Ext: ______________ Fax: ____________
Referral Source: School nt Self
Other___________________

____ACTION _______________________________________
ASSESSED STUDENT AND A CASE WAS OPENED
Assignment Date: _________________________________Case Manager: __________________________

Assessed student and referred him/her to:

Agency/Practitioner: ____
Address: ____City: ____________Phone: __________________

This agency did not asses or refer the student to another agency: Reaso N how ther:
____

INTAKE COORDINATOR: ____________________________________ Date: _________________________

I understand that Mental Health and Medical Records are protected under State and Federal Confidentiality Regulations (including but not limited to California Welfare & Institutions Code 5328) and substance abuse records are protected by Federal Confidentiality rules (including, but not limited to 42 CFR, part 2) and cannot be disclosed without my written consent unless otherwise provided for in State and Federal Regulations.

This information is confidential and privileged in accordance with CFR 42 and HIPPA Regulations. If you are not named above as addressee it may be unlawful to you to read, copy, distribute, disclose or otherwise use the information in this document. Misuse of this information is subject to prosecution.