



## REFERRAL FOR COUNSELING SERVICES

Parent / Guardian's primary Language \_\_\_\_\_ Child's primary Language \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Spec. Ed.: Yes No Today's Date: \_\_\_\_\_  
 Referring Party/Title #: \_\_\_\_\_ Phone / Fax: \_\_\_\_\_  
 Primary Care Physician name & telephone # : \_\_\_\_\_ Pharmacy of preference: \_\_\_\_\_  
 Child on probation? Yes No Name of Probation officer & telephone : \_\_\_\_\_  
 Type of insurance: Medi-cal ID#: \_\_\_\_\_ Other: \_\_\_\_\_  
 Was the parent/ guardian informed of referral?: Yes No  
 Does the child have a sibling who receives services?: No Yes name: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ sex: male female  
 Social security # of child: \_\_\_\_\_ Home telephone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Parent(s)/Guardian name: \_\_\_\_\_ Relation to child: \_\_\_\_\_

PRESENTING PROBLEM: \_\_\_\_\_

**SYMPTOMS (CIRCLE ALL THAT APPLY)**

**DEFIANCE:** loses temper argues defiant angry resentful annoying spiteful hits

**SERIOUS CONDUCT BEHAVIORS:** cruel to animals/people fights steals sexual misconduct destructive  
 deceitful criminal behavior runaway **alcohol abuse drug abuse**  
**gang affiliation homicidal ideation**

**ATTENTION PROBLEMS:** inattention distractible forgetful poor concentration hyperactive  
 fidgets inappropriate/excessive activity impulsive blurts out interrupts

**MOOD AND EMOTIONS:** depressed mood hopeless helpless withdrawn cries isolates self irritable  
 sleep-increase/decrease poor concentration appetite increase/decrease  
**suicidal ideation**

**STRANGE BEHAVIORS:** delusions hallucinations paranoia isolates self "lost in their own world"

**AREAS FUNCTIONALLY IMPAIRED DUE TO SYMPTOMS (CIRCLE ALL THAT APPLY)**

school/education social relationships home/family relationships physical health placement community involvement

**Screening notes:**