



Referral Packet Checklist

Child's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Name of Person Making Referral: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Name of Legal Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Check all the documents in the list below that you are sending. Also, please clearly write out all information as requested (i.e., names, phone numbers, medications, etc.) Current documentation will assist us in more quickly determining the appropriateness of our program for the youth that you are referring.

\_\_\_ Social Security Card \_\_\_ Birth Certificate \_\_\_ Immunization Records \_\_\_ Insurance Card and Medicaid Info (back and front of card(s))

Name of Primary Care Physician: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Prescribing Physician's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Name of Mental Health Provider: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

**Mental Health Records:**

- \_\_\_ Psychological Evaluations
- \_\_\_ Discharge Summaries
- \_\_\_ Psychosexual Evaluations

**Medical Records:**

- \_\_\_ EPSD&T
- \_\_\_ Medical History and Physical
- \_\_\_ Immunization Record

**Social Services/Human Resources Records:**

- \_\_\_ Social History (Including Addenda and Revisions)
- \_\_\_ Permanency Plan/Staffing Summary Justification
- \_\_\_ Notice of Rights

**Current Medications and Dosages:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Court Documents (if applicable):**

- \_\_\_ Petitions
- \_\_\_ Victim Statements
- \_\_\_ Perpetrator Statements
- \_\_\_ Probation Guidelines
- \_\_\_ Police/Arrest Reports
- \_\_\_ Witness Statements
- \_\_\_ Judgments

**School Records:**

- \_\_\_ Current Records and Cumulative Records
- \_\_\_ M-Team Certification
- \_\_\_ Individualized Education Plan (IEP)
- \_\_\_ Psycho-Educational Evaluation

Mail, Fax, E-mail or Scan Documents to:

Updated: 7/30/2013

**KidLink Treatment Services**  
1000 Health Park Drive, Building 3, Suite 400  
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E-mail: [ktsreferral@uhsinc.com](mailto:ktsreferral@uhsinc.com)  
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