



Please include any available psychological, psychosexual, psychiatric, medical and/or educational evaluations. As well, please include any recent treatment plans, discharge summaries, and clinical or milieu notes/reports. Please complete the enclosed release of information the enclosed release of information form for records that must be requested. (copies can be made as necessary. Note that some agencies do require a minor's signature as well for release.

Date of Referral _____

(Print Legibly)

Name of Referral Source _____

Title of Referral Source _____

Phone Number _____ **Fax Number** _____

Referral Source's Relationship to Child _____

Child's Name _____ **Sex: Male / Female**

Date of Birth _____ **Grade** _____ **IEP Available** _____

Child's SSN _____

Child's Current Location _____

Child's Legal Guardian _____

Street Address _____

City _____ **State** _____ **Zip Code** _____

County of Residence _____

Phone Number(s) _____

Does the Child have Medicaid? _____

Does the Child have Private Insurance? _____

Is the child in outpatient, residential, or acute treatment now? _____

If so, where is the child receiving services? _____