

# Youth Emergency Services Referral Form



Program Service Day Program, Therapies(Individual, Group, Family), Parenting

Date of referral: \_\_\_\_\_ Referral From: \_\_\_\_\_ Phone # \_\_\_\_\_

Client's Full Name \_\_\_\_\_ DOB: \_\_\_\_\_ Age \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Siblings & Ages \_\_\_\_\_  
\_\_\_\_\_

Significant Other \_\_\_\_\_

Who has/had custody of this client? \_\_\_\_\_

Current Medications \_\_\_\_\_  
\_\_\_\_\_

Previous medications/side effects \_\_\_\_\_  
\_\_\_\_\_

Allergies to medications or food \_\_\_\_\_

Issues: Alcohol \_\_\_\_\_

Drugs \_\_\_\_\_

Smoking \_\_\_\_\_

Abuse YES \_\_\_\_\_ NO \_\_\_\_\_ Describe \_\_\_\_\_

Physical Aggression \_\_\_\_\_

Suicide Threats/Attempts \_\_\_\_\_

Sexually Active \_\_\_\_\_

Inappropriate Sexual Behavior \_\_\_\_\_

Runaway \_\_\_\_\_

Other \_\_\_\_\_

Psychological Evaluation YES/NO Date \_\_\_\_\_ Administered by \_\_\_\_\_

Substance Evaluation YES/NO Date \_\_\_\_\_ Administered by \_\_\_\_\_

Social Summary YES/NO Date \_\_\_\_\_ Completed by \_\_\_\_\_

Diagnosis \_\_\_\_\_

Is the client in need of in-patient treatment for substance abuse? \_\_\_\_\_

Law Enforcement Contact \_\_\_\_\_

Court involvement/court order? \_\_\_\_\_

Adjudicate: Abuse/Neglect \_\_\_\_\_ CHINS \_\_\_\_\_ Delinquent \_\_\_\_\_

MDT Date \_\_\_\_\_ Initial Court Date \_\_\_\_\_

Individual Therapist/Agency \_\_\_\_\_

Family Therapist/Agency \_\_\_\_\_

Family Issues \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Previous Placements \_\_\_\_\_

Positives Traits/Qualities

\_\_\_\_\_

\_\_\_\_\_

School: Year \_\_\_\_\_ School Attending \_\_\_\_\_

Grade point average \_\_\_\_\_ IEP Yes \_\_\_\_\_ No \_\_\_\_\_

Academic/Behavioral Concerns \_\_\_\_\_

\_\_\_\_\_

Other concerns and/or information \_\_\_\_\_

\_\_\_\_\_

Recommendation for placement Yes \_\_\_\_\_ Denied \_\_\_\_\_ Rational \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If denied, recommendations for other services \_\_\_\_\_

\_\_\_\_\_

Staff involved in placement decision \_\_\_\_\_

\_\_\_\_\_

Person/Agency contacted \_\_\_\_\_

Staff \_\_\_\_\_ Date \_\_\_\_\_

Follow-up for clients waiting placement:

Date accepted for program \_\_\_\_\_ Date services started \_\_\_\_\_

Contacts with team members while waiting actual placement:

Individual contacted \_\_\_\_\_ Date \_\_\_\_\_

Individual contacted \_\_\_\_\_ Date \_\_\_\_\_

Individual contacted \_\_\_\_\_ Date \_\_\_\_\_

Date of Discharge: \_\_\_\_\_ Further Placement: \_\_\_\_\_