**Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred Name: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Race: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

🞏 Male 🞏 Female **SSN: - -**

|  |  |
| --- | --- |
| **Current Living Arrangement:** | Where is the student currently living? |
| **Legal Custodian:** **Name, Address, Phone, Email****(Best way to contact)** |  | **Parent:** **Name, Address, Phone, Email****(Best way to contact)** |  |
| **Case Responsible Agency:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Case Responsible Professional (required):  |
| Email Address: |
| Address:  |
| Office Number/Cell/ Fax Number: |
| School Placement | Name: Phone #: IEP □ Yes □ No |
| Funding Source  | Name: Insurance/Medicaid #: MCO record # |
| MCO:Care Coordinator: | Name: Phone # Email Address: |
| Primary Care Physician: | Name: Practice: |
| Psychiatrist | Name: Practice |
| DJJ Court Counselor[ ] none | Name: Phone #: Email:  |

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| **CURRENT STATUS** |
| **I. CURRENT BEHAVIORS/PRESENTING PROBLEMS AND REASON FOR REFERRAL** |
|  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| **A. Diagnoses****By Whom (required)?****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **What Date?****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Axis I: Indicate which is Primary (R) & Additional (A)  |
|  |
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|  |
|  |
| **B. Medications****Prescriber:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Medication: List all current medications** | **Dose** | **Frequency** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Is the student compliant with medications?  |

**STUDENT NAME: RECORD NUMBER:**

|  |
| --- |
| **II. CURRENT STRESSORS** (Please check those that apply and describe in related sections) |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Legal Problems: | □ Yes | □ No | Physical Assault: | □ Yes | □ No | Addiction: | □ Yes | □ No |
| Medical Problems: | □ Yes | □ No | Relationship Problems:  | □ Yes | □ No | Abuse History: | □ Yes | □ No |
| Sexual Assault/ Rape: | □ Yes | □ No | Separation/Loss: | □ Yes | □ No | Other: | □ Yes | □ No |

* (Required) Family has been notified and agrees to the referral

**Please attach most recent CCA**