REFERRAL FORM

Intensive Day Treatment

Please complete this form to the best of your knowledge, and then send to the attention of Glenn Dallmann – 4321 Allendale Ave. Duluth, MN 55803 - Fax: 218-6236200 – E-mail: gdallmann@woodlandhills.org – Phone: 218-728-7500 ext. 143. You will be contacted within one business day to verify receipt of your referral. Thank you for choosing Woodland Hills!

Client Information

Client's Full Name	Nickname		Gender ☐ Male ☐ Female	
Date of Birth	Place of Birth		Social Security No.	
Last Known or Permanent Address	City		State	Zip
Home Phone	Current Placement or location		Height	Weight
Race/Ethnicity	Primary Language		Spiritual or religious affiliation	
Tribal Affiliation, if any	Is client adopted? ☐ Yes ☐ No	Age at first adoption?	# finalized adoptions?	Is client a State Ward? ☐ Yes ☐ No
Medical Insurance Provider and Policy No. Primary:		Secondary:		
Legal Status of Placement ☐ Delinquency ☐ EJJ ☐ CHIPS ☐ Voluntary				
Date and Time of Court Hearing	Judge's Name		Court File No.	

Contact Information

Parent/guardian

(1) Parent(s)/Guardian(s) name	Parent's Date of Birth	Client lives with this parent? ☐ Yes ☐ No	
Street Address	City	State	Zip
Home Phone	Work Phone	Cell Phone	
(2) Parent(s)/Guardian(s) name	Parent's Date of Birth	Client lives with this parent? ☐ Yes ☐ No	
Street Address	City	State	Zip
Home Phone	Work Phone	Cell Phone	
Who has custody of the client?			
Any restrictions on either parent's involvement? ☐ Yes ☐ No If yes, what?			
Will the parent(s)/guardian(s) be supportive of and/or involved with this placement? ☐ Yes ☐ No If no, why?			

Lead Worker

Referring agency	Worker's name	Phone	
Street address	State	City	Zip
E-mail	Cell	Fax	

Other Professionals Working with this Client		
Agency	Worker's Name	Phone
Agency	Worker's Name	Phone
Agency	Worker's Name	Phone
Agency	Worker's Name	Phone

Current School			
School and/or District #	School Contact for this Client:	Phone	
Street Address	City	State	Zip
Client's current grade level?	Does the client have an IEP? ☐ Yes ☐ No	IEP for what disability?	

Client Profile

What are the presenting problems that lead to this referral?
What is the history of or contributing factors to the client's problems?
What are some of the client's assets, strengths, interests or abilities?

Current/Most Recent Diagnosis		
Axis I:		
Axis II:		
Axis III:		
Axis IV:		
Axis V:	Date of Assessment?	Designated SED? ☐ Yes ☐ No
List client's current medications.		
Any cognitive, developmental, or IQ concerns? ☐ Yes ☐ No If yes, explain:		
Currently suicidal? Any history of suicide or self-harm? Any hospitalizations for mental health? ☐ Yes ☐ No If yes, explain:		
Any chemical abuse? ☐ Yes ☐ No If yes, explain:		
Any history of abuse, neglect, or trauma? ☐ Yes ☐ No If yes, explain:		
Any health concerns or physical limitations? ☐ Yes ☐ No If yes, explain:		
Any safety concerns of client being vulnerable with his/her peers while in a placement? ☐ Yes ☐ No If yes, explain:		
Any history of this client victimizing others? ☐ Yes ☐ No If yes, explain:		
Any history of absconding? ☐ Yes ☐ No If yes, explain:		

Delinquency History (or attach an offense history report)

Current to Prior Offenses	Class/Degree	Offense Date	Disposition

Current to Prior Offenses	Class/Degree	Offense Date	Disposition

History of Services Delivered

Outpatient Services		
Name of Agency	**Dates of Service**	**Successful Completion?**
Residential Services		
Name of Agency	**Dates of Service**	**Successful Completion?**

Services You Are Requesting

What treatment goals do you have for your client?
What additional services does your client need?
What is the post-placement plan for your client?

Supporting Documentation to be Provided When Applicable

- ☐ Psychological or Diagnostic Assessments
- ☐ Psychiatric Reports
- ☐ Social/Family Assessments
- ☐ Court Reports
- ☐ Copy of Court Orders
- ☐ Individual Education Plan (IEP)
- ☐ Program Discharge Reports
- ☐ Substance Abuse Assessments (Rule 25)
- ☐ Other:
- ☐ CASSI or YLSI assessments

Use this space for any additional information you wish to share.

Thank you