



Referral Form

Client Information

Full name of client	Nickname	Date of birth	Gender	
Street address	City		State	Zip
Race/ethnicity/tribe		Height	Weight	
Client's current placement:				
Legal status of placement: <input type="checkbox"/> Juvenile <input type="checkbox"/> CHIPS <input type="checkbox"/> EJJ <input type="checkbox"/> State Commitment/Female <input type="checkbox"/> Voluntary				
Court hearing (Date/Time)		Judges name		

Contact Information

Referring agency	Worker's name	Phone no.	
Street address	City	State	Zip
E-mail	Cell no.	Fax no.	

Other professionals working with client

Agency	Worker's name	Phone no.	
Agency	Worker's name	Phone no.	
Agency	Worker's name	Phone no.	
Agency	Worker's name	Phone no.	
Agency	Worker's name	Phone no.	

Parent Information

(1) Parent(s)/Guardian(s) names	Home phone no.	Cell phone no.	
Street address	City	State	Zip
Work phone no.			
(2) Parent(s)/Guardian(s) name(s)	Home phone no.	Cell phone no.	
Street address	City	State	Zip
Work phone no.			
Who has guardianship of this child?			
Who has custody of this child?			
Will the parent(s)/guardian(s) be supportive of and/or involved with a placement? Why or why not?			

Profile of Client

What are the presenting problems and concerns?

What is the history of or contributing factors to the presenting problems?

Current/Most Recent Diagnosis (Please send most recent assessment.)

Axis I:

Axis II:

Axis III:

Axis IV:

Axis V:

Date of diagnostic:

Designated SED?

Any cognitive, developmental, or IQ concerns? Current IQ score?

Any history of suicide or self-harm? Any hospitalizations (dates)? Currently suicidal?

Any chemical abuse? Abusing what? How severe? Any history of treatment or assessment?

Any history of abuse, neglect, or trauma? Gender and relationship of the perpetrator to this client?

What safety concerns, if any, of client being vulnerable with his/her peers?

Any history of this client victimizing others? Gender and relationship of the victim(s) to this client?

Any health concerns or physical limitations?

List client's current medications and dosages:

Current school and grade, or the most recent school attended?

Any education concerns or special needs? Does this client have an IEP? Please provide a copy.

What are the client's strengths and assets?

Delinquency History (Or attach court report)

Current to Prior Offenses	Class/Degree	Offense Date	Disposition

