VIRGINIA COUNSELING AND COMMUNITY DEVELOPMENT
REFERRAL FORM AND FACE SHEET

Service Recipients Name _____ **Date of Contact** _____

Age _____ **Date of birth** _____ **Marital Status** _____**SS#** _____

Current Status: ☐ Legal Incompetency ☐ Legal Incapacity **Gender** ☐ Male ☐ Female

Current Address: _____

School: _____**Grade Level:** _____ **Medicaid#** _____

Parent or Guardian: _____ **Phone #'s:** _____

Emergency Contact Name: _____ **Phone # 's:** _____

Address: _____

Referring Person name and title: _____

Referring Agency and contact number: _____

Has the parent been notified of this referral and is willing to participate with services? Yes ___No___

Presenting Problem Behavior

☐ Difficulty /Refusal to complete task ☐ Withdraws/isolate self from others ☐ Frequent Crying
☐ Disrespectful towards authority ☐ Emotionally shutting down ☐ Destroys Property Physical
☐ Disrespectful towards peers ☐ Aggression Towards Peers ☐ Self-injurious behaviors
☐ Aggression Toward Authority ☐ Sadness/Depression ☐ Other _____

Briefly give descriptions _____

_____

_____

Health and Human Service Needs

☐ Family Crisis ☐ Victim of Abuse ☐ Greif/Loss
☐ Substance Abuse ☐ Low Social skills/Self esteem ☐ Suicidal Tendencies
☐ Health Issues ☐ Court Involvement ☐ Previous Mental Health Treatment
☐ Psychiatric ☐ Psychological ☐ Other: _____

Does the client lack any of the following skills?

☐ Problem Solving ☐ Handling Transition ☐ Expressing Needs
☐ Maintaining Focus ☐ Managing Emotions ☐ Recognizing social cues
☐ Empathizing w/others ☐ Appropriate social skills ☐ Understanding Directions
☐ Understanding Consequences ☐ Persisting on Challenging task ☐ Handling Unpredictability Uncertainty
☐ Other: _____

Any other contributing factors that may be contributing?

☐ Hunger ☐ Recent Death ☐ Medical Illness
☐ Lack of sleep ☐ Possible abuse/neglect ☐ Incarceration
☐ Family Conflict ☐ Housing Issues ☐ Substance Abuse
☐ Financial Stressors ☐ Relational Conflict ☐ Other: _____

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Disposition:		Screening to be completed ___/___/___		No Medicaid		Doesn't meet medical necessity	
Staff Completing:							