**Referral and Client Information Form**

***Client Information***

**Recipient’s Full Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Recipient’s** **D.O.B.**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Recipient’s Gender:**  [ ] **Female** [ ] **Male** [ ] **Transgender** [ ] **non-binary /non-conforming**

**Recipient’s SSN: \_\_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Phone Number**: **(\_\_\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Best Time to Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Recipient Diagnoses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Presenting Concern(s):**

[ ] Disruptive Behavior [ ] Property Destruction

[ ] Self-Injurious Behavior [ ] Elopement/Running Away

[ ] Poor Peer Interactions/Social Skills [ ] Physical Aggression

[ ] Defiance / Refusal to Follow Directions [ ] School Related Issues

[ ] Communication/Language Deficits [ ] Taking Items Without Permission

[ ] Lying

[ ] Other (please list) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Please indicate the severity of the following behaviors, if applicable:**

*Mild: Noticeable and concerning but generally does not interfere with daily activities.*

*Moderate: Difficult yet manageable but sometimes interferes with daily activities.*

*Severe: Completely unmanageable and has greatly limited or disrupted daily activities.*

**Self-Injurious Behavior:** [ ] Mild [ ] Moderate[ ] Severe[ ]  N/A, this behavior does not occur

**Physical Aggression:** [ ] Mild [ ] Moderate[ ] Severe[ ]  N/A, this behavior does not occur

**Property Destruction:** [ ] Mild [ ] Moderate[ ] Severe[ ]  N/A, this behavior does not occur

**Elopement/Running Away:** [ ] Mild [ ] Moderate[ ] Severe[ ]  N/A, this behavior does not occur

*Clients with severe behavioral concerns at risk for disruption will be listed as High Priority to expedite services.*

**\*Has the client…**

…been hospitalized, in a SIPP program, or Baker Acted in past 90 days? [ ] Yes [ ] No

…had any involvement with law enforcement, DJJ, or been arrested in the past 90 days? [ ] Yes [ ] No

…been suspended or expelled from school in the past 90 days? [ ] Yes [ ] No

.... been at risk for placement disruption at either school or home in the last 30 days? [ ] Yes [ ] No

**Services Requested For:** [ ] In-Home [ ] School [ ] Daycare [x] Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Referral Source Information***:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

Relationship to client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact info (phone and/or email, including supervisor):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*By signing this referral, you are providing permission for a representative of Panhandle Behavioral Services, LLC to contact a parent/guardian to discuss services.*

**\*Please email or fax all referrals to the contact information listed in the header of this referral.**