



# Teen Health Center, Inc.

P.O. Box 925, Galveston, TX 77553

Mental Health Team Phone: 409.766-5713 FAX: 409.765.5026 WEBSITE: www.teenhealthcenter.org

## REFERRAL SOURCE

Date: \_\_\_\_\_ Name of Referring Person: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Phone: \_\_\_\_\_

If not the parent, I have contacted the parent/guardian and discussed the situation concerning the student below: YES or NO (OR)

I am the parent/guardian of the student/patient below: YES or NO

## STUDENT INFORMATION

Student's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex:  Male  Female

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Address: \_\_\_\_\_  
Street City State Zip

## PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Insurance/Medicaid: Yes or No Primary Language Spoken:  English  Spanish  Other(Specify) \_\_\_\_\_

## REASON FOR REFERRAL

Please describe the nature of the problem, or the reason you are seeking care for this individual.

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

If you think this individual is in danger of hurting themselves or others please call 911, go to the nearest Emergency Room, Call Gulf Coast Center Crisis Hotline 1-866-729-3848, and/or Call the National Suicide Prevention Hotline at 1-800-273-8255. CONFIDENTIAL: This communication contains confidential information. If you receive this in error, please destroy immediately. Revised 05/29/2018

### FOR INTERNAL USE ONLY

Handled by: \_\_\_\_\_

Assigned to: \_\_\_\_\_

THERAPY  PSY  BP

DATA: \_\_\_\_\_

Crisis Information given to Referral Source.