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 Assigned at Birth:** ☐ Male ☐ Female **Gender Identity (optional):** __________

Hispanic/Latino: ☐ Yes ☐ No

Race: ☐ White ☐ Black ☐ Asian ☐ Native American ☐ Pacific Islander ☐ Biracial ☐ Other

School: ___________________________ **Grade:** _______ **Student Cell Phone:** ___________________

Student Address: ____
Street City State Zip

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: ________________________________ **Email:** ____________________________

Primary Phone: __________________________ **Secondary Phone:** __________________________

Primary Language Spoken in Home: ☐ English ☐ Spanish ☐ Other(Specify) ________

REASON FOR REFERRAL

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

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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 08/16/2021

FOR INTERNAL USE ONLY
Handled by:______________________
Assigned to:______________________
☐ THERAPY ☐ PSY ☐ BP
DATA: ______________ __________
☐ **Crisis Information given to Referral Source.**