



Interface Mental Health Services Referral Form
School Referral

Referral Date: _____

Referral/Screening Source

Referring Person: _____
Phone: _____

Relation to client: _____
Email: _____

School Information

School District: _____

Teacher's Name: _____
Phone: _____

School Name: _____ Elementary
 _____ Jr. High
 _____ High School

Grade: _____

Client Information

Last name: _____ First name: _____ MI: _____

Primary Language: English Spanish Other: _____ Date of Birth: _____

Parent or Caregiver info: Name: _____ Relationship to client: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Do we have permission to leave a msg? Yes No

Address: _____

City: _____

Zip: _____

Insurance Status: Medi-Cal # _____ Issue Date: _____
 None Private or other insurance Unknown

Presenting Problem/Background: _____

Urgent & Emergency Questions

1. Danger to self or others in the last 30 days? Yes No Unknown

If Yes, please describe: _____

2. Bizarre/unusual behavior in the last 30 days? Yes No Unknown

If Yes, please describe: _____

3. Experienced/witnessed abuse, violence, trauma, or neglect? Yes No Unknown

If Yes, please describe: _____

Additional Questions

1. Is the child in any special education, resource classes or receiving special assistance through the school?

2. Does the child have an IEP? Yes No Unknown

Or is one scheduled? Yes No Unknown - If so when? _____

English Statement

I understand that my child is being referred to Interface Children & Family Services for mental health services. I understand that my participation with my child is essential. I hereby give my consent for the exchange and release of information for this purpose.

Spanish Statement

Entiendo que mi niño está siendo referido al Interface Children & Family Services para servicios de Salud Mental. Entiendo que mi participación con mi niño es esencial. Doy por este medio mi consentimiento para el intercambio y el lanzamiento de información para este propósito.

Authorized Signature (Parent or Guardian)

Date

Complete and fax to: Interface Mental Health Services Intake Dept. 805-278-4391

Questions: Contact Intake Dept. 805-485-6114 ext. 662