



Interface Mental Health Services Referral Form
School Referral

Referral Date: _____

Referral/Screening Source

Referring Person: _____
Phone: _____

Relation to client: _____

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: _____

Address: _____

City: _____

Zip: _____

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

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