

Woodland Elementary School – ARISE Child & Family Service, Inc
School Based Mental Health Partnership
Referral Form

Child's Information

Name:

Gender: Male

Female

Date of Birth:

Address:

Does student currently receive mental health services?
If Yes, which agency or provider?

Yes

No

Primary Care Provider: Please provide Name & telephone number

Responsible Party Information

Name:

Relationship to Child:

Address:

Telephone: Please provide your preferred contact numbers (ie: Home, Cell, Work)

Primary Insurance Information

Subscriber Name & Relationship to Student:

Insurance Carrier & Policy Number:

Reason for Referral

Please check all areas that apply

Behavior Difficulties at School
Social Concerns at School

Grades are Impacted
Attendance Issues

Other School Concerns
Family Concerns

Check all specific areas of concern:

Easily Distracted
Frequent Somatic Complaints
Isolates from Peers
Recent Withdrawal from Friends
Depressed Mood
Excluded by peers/lacks significant friend
Verbally threatening/Aggressive
Poor/Deteriorated Hygiene
Mood Swings
Anxious Moods
Crying/ Tearfulness
Anger Outbursts
Sudden changes in mood/behavior
Parents Divorce/Separations
Out – of –home Placement
Suspected Substance Abuse
Homeless
Death of family/friend

Physically Aggressive
Disruptive Behaviors
Inappropriate language/gestures
Inappropriate sexual behaviors
Destruction of Property
Lethargic
Attention-Seeking Behaviors
Argumentative
Disrespectful Behaviors
Refusal to comply with rules/requests
Excessive Dislike of School
Excessive absenteeism/tardiness
Failure to complete/return homework
Failure/Refusal to complete tasks
Slipping grades
Bullied by Others
History of Trauma

Brief Description of Presenting Problem:

Consent for Assessment:

The guardian of the above student is granting permission for **ARISE Child & Family Service, Inc.** to utilize the above information provided to determine the appropriateness of mental health services for the child and to arrange for insurance billing of assessment and provided services. The guardian understands that they may be contacted by a representative of **ARISE Child & Family Service, Inc.** for any further information needed in order to process the referral and then by clinician once client status is established.

Parent/Guardian Print Name: _____

Parent/Guardian Signature: _____ Date: _____