

CONFIDENTIAL REFERRAL FORMFax To: CHSI-BH CoordinatorPhone: (760) 451-4720School/Site: Potter Jr High School

Date: _____

Referring Name: _____ Teacher Counselor Other

Phone: _____ Ext: _____ Fax: _____

STUDENT INFORMATION

Student Full Name: _____ Date of Birth: _____

M /F (please circle) Ethnicity: _____ Grade: _____ Teacher: _____

Social Security Number (optional): _____ Type of Insurance: _____

Does the Student have Medi-Cal YES _____ NO _____ Medi-Cal # _____

Parent's Name: _____

Address: _____

Phone Number: _____ Other Number: _____

Does the parent speak English? YES NO If NO: Primary Language _____Has the family given consent for Fallbrook Family Health BH to contact them? YES NO**REASONS FOR REFERRAL**

<input type="checkbox"/> Disruptive Behavior	<input type="checkbox"/> Academic Concern	<input type="checkbox"/> Family Issues
<input type="checkbox"/> Depressed, Isolates, Moody	<input type="checkbox"/> Behavioral Concern	<input type="checkbox"/> Substance Abuse
<input type="checkbox"/> Anxious, Social Concerns	<input type="checkbox"/> Emotional Concern	<input type="checkbox"/> Anger Issues

Comments/Concerns: _____

_____**PERMISSION TO EVALUATE AND/OR CONSENT TO COUNSELING SERVICES
RELEASE AND EXCHANGE OF INFORMATION**

I give permission for my child to access/participate in evaluation and/or treatment by CHSI Behavioral Health Services offered at Potter Junior High School. This permission and release of information remains effective for one year or until rescinded by the parent/guardian.

I give permission to Community Health Systems, Inc. dba: Fallbrook Family Health Center Behavioral Health to release information regarding _____ to _____.

(student name) *(school/site)*

I give permission to _____ to release information regarding _____

(school/site) *(student name)*

to Fallbrook Family Health Center Behavioral Health.

I understand that this information may include consultation with the appropriate school personnel, confidential pre/post test if necessary, as well as access to the student's records. This information will be used in a confidential and professional manner in the best interest of the student.

Signed: _____ Print Name: _____ Date: _____
(parent/guardian)