COMMUNITY HEALTH SYSTEMS, INC.

CONFIDENTIAL REFERRAL FORM

Fax To: CHSI-BH Coordinator/Attn: M. Avalos **Phone**: (760) 451-4720 **Fax**: (760) 451-4700

School/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

____Disruptive Behavior	____Academic Concern	_____Family Issues
____Depressed, Isolates, Moody	____Behavioral Concern	_____Substance Abuse
____Anxious, Social Concerns	____Emotional Concern	_____ 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 This permission and release of information remains effective for one year or until rescinded by the parent/guardian.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)