2250 S. Oneida, Ste. 200, Denver, CO 80224 | T: (303) 433-1975 F: (303) 433-1980
1728 Topaz Drive, Loveland, CO 80537

Referral for Therapeutic Services

Client Name: Click or tap here to enter text.
DOB: Click or tap to enter a date.
Birth Gender: Click or tap here to enter text.
Referral Date: Click or tap to enter a date.
Referring Source: Click or tap here to enter text.

Funding *(authorization must be completed prior to start date)*

Referred by: (please include name, title, phone, fax, address, & email)	Click or tap here to enter text.	
What is funding source? *(please check all that apply)* If there is commercial insurance please add that info as well.	Click or tap here to enter text.	
Medicaid # (if Applicable)	Click or tap here to enter text.	
Service authorization # (if Applicable)	Click or tap here to enter text.	
Name of Mental Health Privilege Holder/Decision Making Authority- . (NOT THE CASE WORKER)		
	Name	Click or tap here to enter text.
	Address	Click or tap here to enter text.
	phone number & email	Click or tap here to enter text.
	Relevant custody arrangements: Click or tap here to enter text.	

Services being requested (weekly):
Choose an item.

Number of Psychiatric Hospitalizations
Click or tap here to enter text.

Reason for Referral:

Click or tap here to enter text.

Family Information

Relationship	Name/s		Address (including Zip)	Contact
Birth Parent(s)	Click or tap here to enter text.		Click or tap here to enter text.	Phone:Click or tap here to enter text. Email: Click or tap here to enter text.
Foster Parent Information (if Applicable)	Click or tap here to enter text.		Click or tap here to enter text.	Phone:Click or tap here to enter text. Email: Click or tap here to enter text.
Other siblings or children in home	Name/s Click or tap here to enter text.	Age Click or tap here to enter text.	Click or tap here to enter text.	

Please provide information about environmental or health issues we should be aware of

Click or tap here to enter text.

Legal Involvement-Type of charge/adjudication

Click or tap here to enter text.

Mental Health Diagnosis

DSM **V** Code	Diagnosis *(primary & secondary)*	Source of Diagnosis
F Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
F Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
F Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

Collaborative Documentation (IEP, discharge summary, testing assessments, Treatment Plans etc)

Click or tap here to enter text.

Medication History

Start Date	End Date	Name of Medication & Dosage	Reason for Medication	Effective (Y or N)
Click or tap to enter a date.	Click or tap to enter a date.	Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.
Click or tap to enter a date.	Click or tap to enter a date.	Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.
Click or tap to enter a date.	Click or tap to enter a date.	Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.

Situation and/or Concerns:

*Please check the box under column "**C**" for current issue and "**H**" for historical issue that does not present a problem at this time. Otherwise, leave blank.*

C H

Legal Involvement

- ☐ ☐ Charges Filed
- ☐ ☐ Charges Dropped
- ☐ ☐ Adjudicated
- ☐ ☐ On Probation

If legal involvement-see below

Self-harm Behaviors

- ☐ ☐ Alcohol Abuse
- ☐ ☐ Drug Use
- ☐ ☐ Cutting/Self Mutilating
- ☐ ☐ Head-banging
- ☐ ☐ Eating Disorder
- ☐ ☐ Poor Body Image
- ☐ ☐ Unprotected Sex
- ☐ ☐ Multiple Sex Partners
- ☐ ☐ Sexualized Behaviors
- ☐ ☐ High-risk Activities
- ☐ ☐ Running Away
- ☐ ☐ Suicide Attempt/Idea

Harm to Others

- ☐ ☐ Homicidal Attempt/Idea
- ☐ ☐ Fire Setting
- ☐ ☐ Property Destruction
- ☐ ☐ Stealing
- ☐ ☐ Animal Cruelty
- ☐ ☐ Sexual Aggression
- ☐ ☐ Physical Aggression
- ☐ ☐ Verbal Aggression

C H

Academic

- ☐ ☐ Learning Disability
- ☐ ☐ In Contained Classroom
- ☐ ☐ Trouble paying attention
- ☐ ☐ Fighting w/Peers
- ☐ ☐ Fighting w/Teachers
- ☐ ☐ Suspension/Detention
- ☐ ☐ Work not getting done
- ☐ ☐ Truant

Social/Emotional Behaviors

- ☐ ☐ Argumentative
- ☐ ☐ Isolated/Withdrawn
- ☐ ☐ Temper Tantrums
- ☐ ☐ Swearing
- ☐ ☐ Lying
- ☐ ☐ Cheating
- ☐ ☐ Disagrees/Opposes
- ☐ ☐Demanding/Hard to Please
- ☐ ☐Likes to Control Outcomes
- ☐ ☐ Trouble Following Direction
- ☐ ☐ Impulsive
- ☐ ☐ Poor Problem-solving Skills
- ☐ ☐ Poor Hygiene
- ☐ ☐ No or Few Friends
- ☐ ☐ Gang Involvement
- ☐ ☐ Easily Influenced by Peers
- ☐ ☐ Poor Boundaries

C H

Mental Health

- ☐ ☐ Anxious
- ☐ ☐ Hypervigilant
- ☐ ☐ Depressed/Sad
- ☐ ☐ Disoriented/Confused
- ☐ ☐ Moody
- ☐ ☐ Obsessive/Compulsive
- ☐ ☐ Low Motivation
- ☐ ☐ Dissociative
- ☐ ☐ Paranoid
- ☐ ☐ Fearful
- ☐ ☐ Fantasy Thinking
- ☐ ☐ Grandiosity
- ☐ ☐ Nightmares
- ☐ ☐ Low-tolerance
- ☐ ☐ Hallucinations
- ☐ ☐Tics/Repetitive Movement

Physical Health

- ☐ ☐ Chronic Illness or Pain
- ☐ ☐ Sleep Disturbance
- ☐ ☐ Hyperactive
- ☐ ☐ Fatigued/Tired
- ☐ ☐ Bedwetting
- ☐ ☐ Enuretic/Encopretic
- ☐ ☐Weight (under or over)
- ☐ ☐ Failure to Thrive
- ☐ ☐ Pregnant

Other

☐ ☐ _____ ☐ ☐ _____ ☐ ☐ _____

Name of referring party: _Click or tap here to enter text._____Click or tap to enter a date.
Name Date

Relationship: __Click or tap here to enter text._____

Signature of individual(s) who hold therapeutic privilege if different from above:

Click or tap here to enter text._____Click or tap to enter a date._____
Name Date