



Date of referral

Five Acres Counseling Referral Form

Please fax to Yesenia Valles (626)585-1664

For questions call (626)993-3109 or email: yvalles@5acres.org

REFERRAL INFORMATION

PLEASE PRINT NEATLY/COMPLETE ALL SECTIONS

CHILD/YOUTH INFORMATION

Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male  Female

School \_\_\_\_\_ Teacher \_\_\_\_\_ Counselor \_\_\_\_\_ Grade \_\_\_\_\_

Language Spoken:  English  Spanish  Other: \_\_\_\_\_ Active IEP: YES  NO  Regional Center YES  NO

Ethnicity: \_\_\_\_\_ Social Security Number \_\_\_\_\_

Medi-Cal (if yes #) \_\_\_\_\_ No Insurance  Other Insurance \_\_\_\_\_

Availability for services  office  home  school  Other \_\_\_\_\_  anytime  afternoons  evenings only

other \_\_\_\_\_

PARENT/GUARDIAN INFORMATION (person(s) legally authorized to give consent)

Parent Language:  English  Spanish  Other: \_\_\_\_\_

Parents/Guardians \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Cell # \_\_\_\_\_

Lives with:  Biological Parents  Foster/Resource Family  Extended Family  Other: \_\_\_\_\_

Urgent referral due to \_\_\_\_\_

PLEASE MARK THE REASON(S) FOR REFERRAL (Check all that apply): PRESENTING PROBLEMS

- lacks motivation/disengaged  doesn't take responsibility for own actions  danger to self or others
 defiant of rules/authority  poor attendance/truancy  substance abuse
 short attention span  poor or limited social skills  gang involvement
 disrupts others  anxious/nervous  withdrawn or shy
 aggressive/short temper/angry  depressive symptoms/extreme sadness  weapons at school
 doesn't complete assignments/low test scores  low self-esteem  self-injury
 threatening/intimidating behaviors  inadequate progress/risk of retention  other \_\_\_\_\_

FAMILY ISSUES/TRAUMATIC EVENTS

- unstable living arrangements  recent death of significant person  not living with biological family
 report filed with DCFS/open DCFS case  addition to family- stepparent, sibling  witness or victim of violence
 suspected abuse (physical, sexual, neglect)  divorce or separation  domestic violence
 lack of parental involvement/discipline  problems with siblings  other \_\_\_\_\_

ADDITIONAL COMMENTS/DESIRED OUTCOME?



PLEASE NOTIFY PARENT/GUARDIAN PRIOR TO SUBMITTING REFERRAL FORM



Date Notified: \_\_\_\_\_ Notified by: \_\_\_\_\_ Spoke to: \_\_\_\_\_

Referring Person

Organization

Phone #

Table with 3 columns: Date CB rec'd, Intake Assigned on, Welligent. Row 2: History of Prior DMH treatment episodes at Five Acres?  Yes, (dates of service) \_\_\_\_\_  No IBHIS #