

REFERRAL FORM



CHECK ONE:

- Referral has been discussed with youth/family. Family agrees with referral and caregiver is expecting a call from Campbell Psychological to schedule.
- Caregiver will contact Campbell Psychological to schedule.

REFERRAL IS FOR: (select only one to start)

- Outpatient Therapy
- Trauma-Focused Mental Health Assessment
- Psychological Evaluation

YOUTH

Name: _____ DOB: _____

Address: _____

Gender: _____ Age: _____ Grade: _____ School: _____

Primary Language: _____

- Can the youth speak and understand English fluently? Yes
 No
 I'm not sure

CAREGIVER

Name: _____ Relationship: _____

Address: _____

Phone: _____ (cell / home / work)

Primary Language: _____

- Can the caregiver speak and understand English fluently? Yes
 No
 I'm not sure

REFERRAL SOURCE

- Cumberland County Juvenile Probation Office
- Cumberland County Children & Youth Services

Contact Person: _____ Title: _____

Phone Number: _____ Email: _____

CHECKLIST (mark box if attached – please attach as much information as possible)

For all referrals:

- Copy of youth’s insurance card
- Release of Information for Juvenile Probation – ***For youth <14 years old, the release must be signed by a legal guardian. For youth 14+, the youth must sign.***
- Results of YLS (if available)

Referrals for Assessment or Evaluation:

- Campbell Psychological Services Intake Questionnaire for Youth – ***to be completed by caregiver or another adult who is familiar with youth’s early childhood and background***
- Other: _____

REASON FOR REFERRAL (feel free to attach additional pages/information)

If youth has an identified trauma history, please provide any information you have about the trauma experienced by this youth:

Please provide any additional information you have regarding emotional or behavioral concerns.

OTHER SERVICES

Please list all services/programs that are currently in place or to which the youth has already been referred and any other county agencies that are involved.

_____	<input type="checkbox"/> Referred	<input type="checkbox"/> Currently receiving
_____	<input type="checkbox"/> Referred	<input type="checkbox"/> Currently receiving
_____	<input type="checkbox"/> Referred	<input type="checkbox"/> Currently receiving
_____	<input type="checkbox"/> Referred	<input type="checkbox"/> Currently receiving
_____	<input type="checkbox"/> Referred	<input type="checkbox"/> Currently receiving

