REFERRAL FORM
for JPO-involved youth

Campbell
PSYCHOLOGICAL SERVICES

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

Have you consulted with someone at our office about this referral? ☐ Yes ☐ No

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)

- ☐ Copy of youth's insurance card (for evaluation and therapy referrals)
- ☐ 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 and MAYSI (if available)
- ☐ Social History
- ☐ 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.

_____ ☐ Referred ☐ Currently receiving

_____ ☐ Referred ☐ Currently receiving

_____ ☐ Referred ☐ Currently receiving

_____ ☐ Referred ☐ Currently receiving

_____ ☐ Referred ☐ Currently receiving

Return referral forms via fax to (717) 620-0536.
Questions? Call us at (717) 422-6440.