Child & Adolescent Behavioral Health
Improving Lives Since 1976.

Trauma Informed Day Treatment
INFORMED CONSENT FOR THERAPY REFERRAL FORM

Date of Referral: _____ **Student ID number:** _____
Student Name: _____ **Date of Birth:** _____ **Sex:** M F **Grade:**_____
Parent(s)/Guardian's Name: _____ **Home Address:** _____
Phone#'s: _____(h)_____(w) _____(c)

Best Time and Phone # to Reach Parent(s): _____
Referred by-School: _____ **Staff:** _____ **Phone #:** _____

Current Concerns: Mark all that Apply

Mood/Anxiety Concerns
- ☐ Self-harm threats or statements/thoughts of death and dying
- ☐ Cutting/self-mutilation
- ☐ Trauma/abuse (physical, sexual, emotional, etc.)
- ☐ Sad/depressed demeanor/crying/lack of energy
- ☐ Low self-esteem/lack of self-respect
- ☐ Difficulty coping with stress/excessive worry
- ☐ Poor hygiene
- ☐ Marked weight loss/self-induced vomiting, etc.
- ☐ Frequent/sudden change in behavior/mood

Social Concerns
- ☐ Difficulty making/lack of friends/loner/rejected
- ☐ Bullied by peers/picked on
- ☐ Limited involvement in extra-curricular activities
- ☐ Excessively quiet/withdrawn/isolated
- ☐ Poor choice of friends/follower
- ☐ Family problems (conflicts/domestic violence, supervision/support, divorce)

Behavioral Concerns
- ☐ Bullying/verbal abuse/threats toward peers/adults
- ☐ Does not accept responsibility for behavior/blames others
- ☐ Sexual/pregnancy issues and concerns
- ☐ Lying/misrepresenting events/manipulation
- ☐ Anger management/problems with temper/fighting
- ☐ Drug/alcohol use

Classroom Concerns
- ☐ Failing grades/worried about grades
- ☐ Absenteeism/truancy/tardy/skipping classes
- ☐ Non-compliance with classroom rules
- ☐ Does not produce class work/homework
- ☐ Low motivation
- ☐ Disruptive/ "class clown"
- ☐ Highly distractible/difficulty concentrating/inattentive
- ☐ Sleeps during class repeatedly
- ☐ Too much energy/can't seem to sit still/hyperactive
- ☐ Poor organizational skills
- ☐ Lack of class participation

Other: _____
_____
_____

***Note**: Due to federal privacy laws, in order for C&A to contact parents and provide feedback to school personnel about the status of referrals made by school personnel, all three boxes need to be checked along with a parent/guardian and a witness signature.

☐ I understand that my child has been referred for counseling services through Child and Adolescent Behavioral Health (C&A).

☐ I give permission for C&A representative to contact me regarding this referral and to provide me with the information I need to initiate the school based counseling services.

☐ I give permission for C&A and _____ to ☐ obtain and/or ☐ release information regarding my child as a part of C&A's professional relationship with _____. Information to be obtained and/or released includes all pertinent information regarding the referral and intake process at C&A.

☐ This release will terminate in 90 days from the date of signature. The legal guardian may revoke authorization at anytime by notifying C&A in writing.

My authorization is freely and voluntarily given:

_____/_____ _____/_____
Parent/Guardian Signature Date Witness Signature Date

Fax all Referrals to "Front Door" @ 330-452-0493 (Shipley); 330-493-0169 (BV); 330-823-5114 (Alliance)
FD Staff: Alliance, 330-823-5335, ext 226 Belden Village, 330-433-6075, ext 141; Shipley: 330-454-7917, ext 200