CHILD ABUSE PREVENTION COUNCIL OF SAN JOAQUIN COUNTY

STUDENT INFORMATION FORM

Funded By: SAN JOAQUIN COUNTY Behavioral Health Services Through the Mental Health Services Act

Student Name:
Student Date of Birth:
Student Grade:
Address:
Phone Number:
Parent's Name:
Date Referral was received:
Date PHQ9 was administered:
PHQ9 Score:
Referral Date:
Referral Type:
Name of Organization & Program student is being referred to:
Date of most recent MH treatment: MONTH_____YEAR_____
Number of months of untreated mental illness:
Number of years of untreated mental illness:

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SUICIDE PREVENTION REFERRAL FORM

Name of Student:	Date of Referral:
Parent Name:	Parent Contact #:
Referral Submitted By:	

Please indicate why this referral is necessary below:

- ☐ Suicidal or history of suicidality
- ☐ Recent hospitalization
- ☐ Behavioral concerns
- ☐ Attention-seeking/reckless behavior
- ☐ Social/emotional concerns
- ☐ Isolation
- ☐ Academic concerns
- ☐ Family/home concerns
- ☐ Bullying

Please indicate specific areas of concern below:

- ☐ Persistent sad mood (i.e. crying, withdrawn)
- ☐ Verbalizes feeling hopeless/empty/sad
- ☐ Poor/deteriorated hygiene
- ☐ Lack of enjoyment in majority of activities
- ☐ Sudden, unintended weight loss/gain
- ☐ Persistently falling asleep in class
- ☐ Reports feeling worthless
- ☐ Talking/writing about death or suicide
- ☐ Self-harm behaviors (ex: cutting)
- ☐ Break up with girl/boyfriend
- ☐ Out of home placement
- ☐ Homeless
- ☐ Death of a family/friend
- ☐ Frequent somatic complaints unrelated to a medical condition (ex: headaches, etc.)
- ☐ Parent's divorce/separation
- ☐ Withdrawing from friends and/or family
- ☐ Abusing drugs and/or alcohol
- ☐ Verbally/physically threatening/aggressive
- ☐ Victim of bullying/bullying others
- ☐ History of trauma (ex: physical, emotional, sexual abuse, violence, neglect, etc.)
- ☐ Overtly sexual behaviors
- ☐ Excessive worry and/or guilt
- ☐ Frequent angry outbursts
- ☐ Destruction of property
- ☐ Persistent irritable mood
- ☐ Marked decrease in concentration
- ☐ Sudden change in mood/behavior
- ☐ Life-threatening behaviors
- ☐ Excessive absenteeism/tardiness
- ☐ Slipping grades/not performing at grade level
- ☐ New transitions (ex: move, lifestyle change, etc.)
- ☐ Lacks coping/problem-solving skills
- ☐ Lack of support system
- ☐ Other: _____

Brief description of problem:

Please include any additional information about concerns, including relevant information about family, etc. in the box below:

CAPC USE ONLY

CAST _____BFFD _____PHQ-9 _____DEMOGRAPHIC _____ROI