School-Based Counseling Referral Form

SCHOOL-BASED COUNSELING REFERRAL PROCESS

1. School personnel contacts the student's legal guardian regarding the child's need for counseling services and receives permission to make a referral to The Children's Home of Cincinnati for Mental Health School-Based Counseling. School personnel completes the Mental Health School Counseling Referral Form (below). ****If there is commercial insurance, the student may have to be seen at the office. ****
2. School personnel forwards Referral Form to The Children's Home therapist.
3. The therapist will contact the student's parent to schedule an initial interview to sign consents and complete the Diagnostic Assessment and Treatment Plan. The therapist may enlist the support and assistance of school personnel in obtaining parental/legal guardian signatures on consent and permission forms.
4. When the administrative paperwork is completed and signed, counseling services will commence.

Clear Form

Mental Health School-Based Counseling Referral

Date: **Urgency Rating (1=high, 2=med, 3-low):**

School: **Grade:**

Student's Name: **Student's DOB:**

Social Security #: **Gender:** Female **Race:**

Medicaid #:

Insurance Name: **Policyholder's Name:** **Relationship:**

Insurance Member ID: **Insurance Phone #:**

School Contact (person making the referral): **Phone #:**

Student's Address: **Zip:** **Phone #:**

Name of Parent/Legal Guardian: **Email address:**

Student lives with: **Relationship to student:**

VERBAL CONSENT FROM GUARDIAN FOR COUNSELING (obtained by person making referral): YES: NO:

VERBAL CONSENT RECEIVED FROM:

PHONE NUMBER OF INDIVIDUAL FROM WHOM CONSENT RECEIVED:

Is there a current concern regarding substance use? YES: NO: **Specify substance(s):**

****BRIEF STATEMENT OF STUDENT'S PROBLEM(S) see back for examples:**

Contact Information:

Phone (513) 272-2800 Fax (513) 631-7484
5050 Madison Road Cincinnati, OH 45227
Childrenshome@thechildrenshomecinti.org

The Children's HOME of Cincinnati
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CHECK ANY SYMPTOMS OR BEHAVIORS THAT APPLY TO THE CHILD BEING REFERRED

- ☐ Angry outbursts; rage; tantrums
- ☐ Crying excessively
- ☐ Fighting; arguing
- ☐ Verbally abusive or aggressive
- ☐ Does not accept responsibility for behavior
- ☐ Poor peer relationships; conflict with peers
- ☐ Depressed; sad; tearful
- ☐ Anxious; nervous; restless, fearful
- ☐ Death of a loved one; loss; separation
- ☐ Hyperactive; restless; cannot sit still
- ☐ Irritable
- ☐ Limited range of emotions
- ☐ Conflict with authority
- ☐ Academic problems
- ☐ Hoarding or gorging food
- ☐ Stealing
- ☐ Short attention span; easily distracted
- ☐ Disruptive; attention-seeking
- ☐ Low self-esteem; poor social skills
- ☐ Defiant; refuses to follow rules
- ☐ Impulsive; does not think about consequences
- ☐ Hostile; agitated; intimidating; aggressive
- ☐ No eye contact; unkempt; disheveled
- ☐ Lies; exaggerates
- ☐ Sexually inappropriate behavior/focus
- ☐ Persistent & unrealistic worry/fear
- ☐ Attendance problems; skipping classes
- ☐ Inability to express feelings

What interventions or services have already been attempted (Please list any school or community interventions):

Additional Concerns:

The Children's HOME of Cincinnati