Union Public Schools

STUDENT REFERRAL FOR FREE INITIAL ASSESSMENT

SCHOOL REFERRAL

☐ Shadow Mountain (918) 492-8200 ☐ Palmer (Substance Abuse Only) (918) 832-7763

☐ CREOKS (918) 592-1622 ☐ Other _____

Student's Legal Name _____ School _____ Grade _____ DOB _____

Parent/Guardian _____ Address _____

Home Phone _____ Work _____ Cell _____

Referring Union Counselor/School _____ Phone Number _____

REASON FOR REFERRAL

☐ Suicidal Ideation ☐ Depression/Acute Emotional Issues ☐ Imminent Threat to Self or Others ☐ Drug/Alcohol

PRESENTING CONCERNS (24-48 hour time frame for acute service access)

_____

OUTCOME OF REFERRAL

☐ Crisis Referral Forms have been completed and given to Guardian.

☐ Parent/Guardian has been informed & agrees to take student for Free Assessment.

☐ Parent/Guardian has been informed but does not agree that outside intervention is necessary.

☐ DHS, COPES or Police may be contacted.

Contact Person/Agency _____ Referral # _____

PERMISSION

I give permission for the contact persons from Union Public Schools to release and to receive information to/from the above designated Mental Health Provider regarding my child. This information is to include initial assessment, findings and recommendations.

Student Signature _____ Parent Signature _____ Date _____

AGENCY RESPONSE

_____, a _____ grade student from Union Public Schools attending _____

Student Name (Please Print) Building where student attends school

was seen for a free assessment on _____. This Assessment was conducted by _____

Date Health Provider Signature Date

Our agency has made these recommendations to the family of the above student:

☐ No treatment at this time ☐ Outpatient Counseling ☐ Treatment with another facility

☐ Referred to Primary Care Physician ☐ Hospitalization

Referred to: _____

Outcome of Recommendations:

☐ Parent accepted recommendations. ☐ Sessions have been scheduled.

☐ Parent rejected recommendations. ☐ Services will be obtained through another agency.

☐ Parent is undecided. ☐ Student is on a waiting list for services.

Student Signature _____ Parent Signature _____ Date _____

This completed form should be returned to the referring Union Counselor upon student's return to school.

Revised Nov. 2016