



**INTEGRATED FAMILY SERVICES
(504) 822-4333 FAX (504) 822-4339
BEHAVIORAL HEALTH REFERRAL FORM**

Referral Date: _____
Insurance Type: United AmeriHlth Amerigrp LAHltCare Aetna Medicaid# _____

Youth Name:	Parent/Guardian/Caregiver Name(s):
Date of Birth: _____ Age: _____	Phone# _____
Gender: _____ Race: _____	Home Address: _____
SSN: _____	Relative/Alternant Support Name: (i.e. aunt, stepdad, grandmother)
Mobile#: (if different from parent) _____	
School: _____	Pediatrician: (Please include as this is needed for continuity of care)
Grade: _____ Reg ED _____ Sp ED _____	Name: _____
Medication Management <input type="checkbox"/> Yes <input type="checkbox"/> No	Address _____
Please List: _____	Phone# _____

What Other Services Sought: (Please answer if applicable)

- Is the client involved in any other services currently? Yes No Not Sure
If yes please list _____
- Has the client had other services in the past (e.g. Community Support, Individual, Family Counseling or hospitalization for behavioral health issues)? Yes No Not Sure
If yes please list _____

- Has Psychological/Psychiatric Evaluation been completed? Yes No If yes, please attach
(Please Print) (Required Information)

Name & Title of Person making referral: _____
Agency: _____ Court Mandated? Yes or No Parish: _____
Phone # of person making referral: _____ Fax number: _____

Presenting Problem(s): (Please Check)

Youth Behavioral Characteristics	Youth-School Characteristics
<input type="checkbox"/> Violent/physically aggressive behavior	<input type="checkbox"/> Expelled or dropped out of formal education
<input type="checkbox"/> Verbally aggressive or threatening behavior	<input type="checkbox"/> Attending alternative school setting - not mainstream
<input type="checkbox"/> Robbery, theft	<input type="checkbox"/> Multiple suspensions for problem behavior
<input type="checkbox"/> Vandalism, destruction of property	<input type="checkbox"/> High association with antisocial school peers
<input type="checkbox"/> Drug-related criminal offences	<input type="checkbox"/> Low affiliation with prosocial school peers
<input type="checkbox"/> Substance use	<input type="checkbox"/> Poor relationships with school staff
<input type="checkbox"/> Running away	<input type="checkbox"/> Attendance problems
<input type="checkbox"/> Non-compliance with probation or court order	<input type="checkbox"/> Academic problems - risk of failure
<input type="checkbox"/> Non-compliance with family rules & expectations	<input type="checkbox"/> Truancy
<input type="checkbox"/> Suicide Risk/Self Harm/Threat	<input type="checkbox"/> Bullying
Family Behavioral Characteristics	Youth-Peer Characteristics
<input type="checkbox"/> Parenting Enhancement	<input type="checkbox"/> Gang membership or strong affiliation
<input type="checkbox"/> Low Rule enforcement	<input type="checkbox"/> High affiliation with mostly antisocial peers
<input type="checkbox"/> Poor relationships with family	<input type="checkbox"/> Mixed antisocial and prosocial peers
<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Low affiliation with prosocial peers