NEW STUDENT REFERRAL FORM

Child Name	DOB	Today's date
School	Grade	Parent/Guardian
County	Age	Primary MD
Social Worker		Primary Psych
Referring Party		

Reason for Referral

Difficulties functioning : ___ In school ___ At home ___ In community

Does the Student have:

- ☐ **Neuro/Developmental Disability** *(Submit any Developmental Pediatric or Neurology Evaluation/Report)*
- ☐ **Learning Disability** *(Submit IEP and Psychoeducational Testing or Neuropsychiatric testing)*
- ☐ **Psychiatric Diagnosis** *(Submit Psychiatric Evaluation **within last 1 year**)*
- ☐ **Medical Condition** *(Submit Relevant Medical Diagnoses/Notes)*

NEURO/DEVELOPMENTAL DISABILITY

- ☐ **Intellectual Disability : ___ Mild ___ Moderate ___ Severe**
- ☐ **Autism Spectrum Disorder: ___ 1 (support) ___ 2 (Substantial Support) ___ 3 (Very Substantial Support)**
  ___ With Language Impairment ___ With Intellectual Impairment
  Age at diagnosis____________ Diagnosing MD____
- ☐ **In Utero Exposure to ____drugs ___alcohol**
- ☐ **Diagnosed with Fetal Alcohol Syndrome Diagnosing MD____**
- ☐ **Diagnosed with Genetic Syndrome or genetic deletion ____**

PSYCHIATRIC DIAGNOSIS

Diagnosis	Past	Current	Medication (yes/no; name of agent if known: provider name)
☐ ADHD			
☐ ODD			
☐ Conduct Disorder			
☐ DMDD			
☐ Bipolar Disorder			
☐ Major Depressive Disorder			
☐ Anxiety Disorder (general, Social, Separation)			
☐ PTSD			
☐ OCD			
☐ Attachment Disorder			
☐ Schizoaffective D/O			
☐ Schizophrenia			
☐ Other			

Psychiatric Treatment

- ☐ **Student has had 911 calls and or ER visits for emotional/behavioral problems: last visit-____________________**
- ☐ **Student has had an inpatient psychiatric hospitalizations in the past: Last stay_____________________________**
- ☐ **Student has resided in Foster Care. Number of foster homes total ______**
- ☐ **Student has been in an RTC or RTF in the past:____**
- ☐ **Student has been in DFY/incarcerated in the past:____**
- ☐ **Last time student was engaged in outpatient behavioral health care?_____________________________________**
- ☐ **Student has been on psychiatric medications in the past**
- ☐ **Student is currently taking psychiatric medications *** if checked please complete med section below**

NEW STUDENT REFERRAL FORM, P.2

Child Name	DOB	Today's date

MEDICAL CONDITIONS

- ☐ Seizure Disorder : ___ Past (self limited) ___ Current/Ongoing ___ Managed with medication ___ VNS
- ☐ Hx of concussions/Traumatic Brain Injury/Stroke/Hydrocephalus: ________________________________
- ☐ Hearing Impairment : ___ hearing aides ___Implant ___ other
- ☐ Visual Impairment: ___Myopia ___Hyperopia ___ Glasses/Contacts ___Legally Blind
- ☐ Lead Exposure/Poisoning History
- ☐ Asthma
- ☐ Diabetes Mellitus Type 1
- ☐ Cardiac Condition :____
- ☐ Chronic GI (Celiac's, Constipation, IBS):____

RISK INDICATORS

___ Passive Death Wish ___ Suicidal Thoughts ___Past Attempts:____
___ Non Suicidal Self Harm/Injury: ____
___ Verbal Aggression ___ Property Destruction ___ Physical Aggression ___ Hx of violence
___ Sexual Abuse (lifetime) ___ Inappropriate Sexual Activity
___ Highly Impulsive Behavior ___ Elopement/AWOL ___ Fire Setting ___Stealing
___ Drug/Alcohol abuse/dependence ___Arrests, Pending Charges
___ Command Auditory Hallucinations
___ Recent loss or other significant negative event (legal, financial, relationship)____________________________________

MEDICATION (add another sheet if needed)

Name of Medication	Dosing	Indication	Prescriber Name

When choosing a residential placement for a student, it is important to look for evidence that the child's psychological, social-emotional and physical/medical needs can be adequately met and that their health and safety will be a priority.

At the CHK we strive to make the admissions process and programming seamless, thorough and successful. When referring a student to our programs, please complete the above and attach the following:

- Most Recent IEP AND Psychoeducational Evaluation
- Mental health information (within the past year) to include a Social History, Psychosocial Report, A Recent Psychiatric Evaluation and Last psychiatric provider note
- All current doctor's medication orders (psychiatry and medical)
- Medical Information (last physical exam, labs, vaccinations, etc)
- Any Medical Specialist reports/assessments (cardiology, GI, Neurology, Genetics, etc)