



**Education/ Employment Information:**

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**Mental Health Diagnosis (suspected, current):**

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**Physical Health Concerns:**

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<b>PCP:</b>	<b>Facility:</b>	<b>Contact number:</b>
<b>Psychiatrist/Psychologist (if applicable):</b>	<b>Facility:</b>	<b>Contact number:</b>

**Risk of child out of home placement? Y / N Explain:**

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**Symptom Checklist:**

<input type="radio"/> Sexually acting out	<input type="radio"/> Theft	<input type="radio"/> Truancy/ School Refusal
<input type="radio"/> Anxiety	<input type="radio"/> Criminal Mischief	<input type="radio"/> Property Destruction
<input type="radio"/> Depression	<input type="radio"/> Arson	<input type="radio"/> Use of Alcohol
<input type="radio"/> Hyperactivity/ Impulsivity	<input type="radio"/> Criminal Conspiracy	<input type="radio"/> Use of Drugs
<input type="radio"/> SI	<input type="radio"/> Vandalism	<input type="radio"/> Runaway
<input type="radio"/> HI	<input type="radio"/> Simple Assault	<input type="radio"/> Curfew Violations
<input type="radio"/> SIB	<input type="radio"/> Aggravated Assault	<input type="radio"/> Verbal Aggression
<input type="radio"/> Delinquent peer group	<input type="radio"/> Probation Violations	<input type="radio"/> Physical Aggression
<input type="radio"/> Cognitive/ Developmental	<input type="radio"/> Trauma	<input type="radio"/> Family Relational Issues

**Referral Concerns:**

(Include symptoms, family/ community interactions, behavioral concerns, etc...)

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Previous and Current Mental Health Treatment	Dates of Service	Facility/ Provider
<input type="radio"/> Outpatient		
<input type="radio"/> Partial		
<input type="radio"/> BHRSCA (wraparound)		
<input type="radio"/> Family-Based/ Focused		
<input type="radio"/> Psychiatric hospitalization		
<input type="radio"/> Residential Treatment Facility		
<input type="radio"/> CM/ SC		
<input type="radio"/> Other (specify)		

<b>Current OCYF Involvement: Y / N</b>	<b>Contact:</b>
	<b>Phone:</b>
<b>Current Probation Involvement: Y / N</b>	<b>Contact:</b>
	<b>Phone:</b>