PACIFIC CLINICS REFERRAL FOR COUNSELING SERVICES

ΔαΔ.

Stadent Hame.		Date of Birtin.	rigo.	Geriaer.	Orac	ic.		
School/Referral location:		SS#		Medical#:	Medical#:			
Parent/Guardian Name:		Parent primary language:		Student primary language:				
Other languages parent speaks:		Other languages student speaks:						
Home phone:	Cell:	Work:		Best# to reach parent:	home	cell	work	
Referring person:	Date	: Was	Was parent/guardian informed of referral?: yes no					

Date of Rirth

Please describe the emotional/behavioral concerns you have about this student:

Check all that apply

Student Name:

Emotional Problems

Sad, depressed, tearful withdrawn, shy sudden or dramatic change in moods

irritable

suicidal thoughts, threats, gestures

low self-esteem, feeling of worthlessness,

extreme guilt

sleep disturbance (too much or too little)

poor concentration

anxious, worried, nervous

extreme fears (of objects, places, or social

situations. Describe:

can't get mind off of certain thoughts

Social Problems

few or no friends/not liked by peers teased or scapegoated by peers threatens others, violent, gets into fights

Family Problems

death of a significant other divorce/separation family drug or alcohol abuse stressful life event. Describe: runs away from home unstable living environment

neglect

physical abuse sexual abuse

Behavioral Problems

sudden change in attendance and/or academic

Condor:

Grade:

performance

drug or alcohol use

vandalism

fire-setting

cruelty towards animals

self-mutiliation

frequent trips to the nurse sexual acting out. Describe:

chronic truancy

Thought Problems

strange ideas or beliefs. Describe: strange behaviors. Describe:

auditory and/or visual hallucinations

trouble organizing thoughts

stares blankly

talks to self

appears unusually charged up (excitable, talks fast, inflated

sense of self or abilities)

feels others are out to get them

Suspected Eating Disturbance

significantly underweight significantly overweight

excessive concern about body image