

Chestnut Ridge Counseling Services, Inc.
School Based Outpatient Referral Form

Referred by _____ Referral Contact # _____
Date of Referral _____ Date Referral Received _____

Name _____ DOB _____ Age _____
SS# _____ Home Phone _____
Address _____
Parent (s) _____
Guardian _____
Currently Reside with _____

Health Insurance _____
Policy # _____

School _____ District _____ Grade _____

Check which one applies to the current education placement: _____ Regular Ed
_____ Emotional Support _____ Alternative School _____ Learning Support _____ Life Skills

Presenting Problems _____

Previous or Current Behavioral Problems in school _____

Current Mental Health Treatment outside of school (please include where if known)

Previous Psychiatric history _____

SAP Student (if applicable) Y N

Date Intake Scheduled with School-Based Therapist _____

Recommendations from intake : _____ School-Based Outpatient _____ Other OP Facility
_____ Family Based Referral _____ Children's Partial Referral _____ BHRS Referral
_____ Psychiatric Evaluation