



**BIRCHWOOD**  
behavioral health

# Treatment Referral Application

*All questions must be completed, to the best of your knowledge for an application to be considered.*

## Referral Information

Name of person making referral: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Referral Source/ Agency: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

## Child Demographic Information

Name of Client: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

Gender: \_\_\_\_\_

Medicaid Number: \_\_\_\_\_

If none, has application been submitted?      Date of Submission: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Approximate Family Income (for state research information purpose only):

Custody:

Current Living Situation:

Legal Guardian Name: \_\_\_\_\_ Legal Guardian Phone: \_\_\_\_\_

Legal Guardian Address: \_\_\_\_\_

## Presenting Problems

*Please rate the Primary (1), Secondary (2), and Tertiary (3) presenting problems (Choose only 3)*

Coping w/ daily roles  
Family  
Eating Disorder  
Sexual Abuse Victim  
Runaway

Social/Interpersonal  
Suicide Attempt/Threat  
Child Abuse Victim  
Psychological/Emotional  
Legal

Depression  
Drugs  
Alcohol & Drug  
Alcohol  
DV Victim

**Please identify those who will be involved in child's treatment and decision-making:**

(Include all legal guardians, social workers, probation officers, Guardian Ad-litem, CASA, etc.)

Relationship to Child	Name	Phone Number(s)	Email

**Please list all the child's current medication information:**

Medication	Dose	Times Taken	Any Experienced Side Effects

**Client Background Information**

Previous Services Received (please include dates): \_\_\_\_\_

\_\_\_\_\_

Cultural Background: \_\_\_\_\_

\_\_\_\_\_

Religious Preferences: \_\_\_\_\_

\_\_\_\_\_

Criminal History (include date and type of charges): \_\_\_\_\_

\_\_\_\_\_

Known Trauma History: \_\_\_\_\_

\_\_\_\_\_

Where will child live once discharged from BBH?: \_\_\_\_\_

\_\_\_\_\_

Any additional information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **Reason for Referral**

Please check all that apply and give brief explanation i.e. "Cate has been suspended twice from school in the last month for fighting"

### **Functional Issues: in home, school, or community**

Aggressive /assaultive behavior to peers or adults within the last three months grossly out of proportion to any precipitating psychosocial stressors, not accounted for by another diagnosis or due to the effects of a substance or medical condition. (Examples: punching a wall, throwing or smashing items, frequent and/or uncontrollable tantrums of yelling and screaming, aggressive impulses that resulted in seriously assaultive acts). *Explanation:*

Threatens to harm others with the means to do so. *Explanation:*

Substantial property destruction within the last three months grossly out of proportion to precipitating psychosocial stressors, not accounted for by another diagnosis or substance or medical condition in the home, school, or community. *Explanation:*

Suicidal gestures or statements without a plan or stated intent to follow through. *Explanation:*

Has been abusive to self in the previous four weeks as evidenced by cutting the skin, pulling out hair, picking, scratching, or rubbing the skin to create sores or scars or burning or branding the skin. *Explanation:*

Running behavior that puts the client at substantial risk in the previous two months. *Explanation:*

Increased anxiety as evidenced by not being able to perform up to developmental expectations for the past two months (not caused by developmental issues). *Explanation:*

Not able to maintain appropriate sexual boundaries for the past four months as evidenced by inappropriate sexual play with inanimate objects, explicit sexual comments, sexual contact or penetration toward peers or adults/caregivers. *Explanation:*

Criminal behaviors including the intolerance of adult authority during the past six months. *Explanation:*

### **Environmental Issues: in home, school, or community**

Serious stressors in "family system" due to frequent moves, numerous disruptions, severe conflict or issues of abuse. *Explanation:*

Inability to meet physical needs. *Explanation:*

Criminal behaviors by parents or family members occurring within the family or neighborhood. *Explanation:*

Exposure to alcohol abuse or use of illegal substances in "family setting" or "community network". *Explanation:*

Family/caregivers unable or unwilling to participate in services for client. *Explanation:*

Other family problems such as emotional instability, neglect, abuse, or absence. *Explanation:*

Co-occurrence: Has a co-occurring condition, which does not allow maintenance in a less restrictive level of care (substance abuse disorder, medical condition, developmental disability, traumatic brain injury, FASD, etc.). *Explanation:*