



**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:**

**Referral Source/ Agency:**

**Address:**

**Phone:**

**Email:**

**Fax:**

**Relationship to the child:**

## Child Demographics

**Name of Child:**

**Date of Birth:**

**Gender:**

**Ethnicity:**  Caucasian  AK Native/Am Indian  African American  Asian/Pacific Islander

Other:

**Medicaid Number:**

\*If no number, has application been submitted?  No  Yes; date of submission:

**Social Security Number:**

**Number of Out-Of-Home Placements before referral to BBH:**  0  1-5  6-10  10-20

**Legal Custody of Child:**  Private Placement  Office of Children's Services

Division of Juvenile Justice  Other:

**Approximate Family Income (for state research information purposes only):** \$

## Child History

**Previous Mental Health Treatment & Date(s):**

**Cultural Background:**

**Religious Background:**

**Criminal History (include date and type of charges):**

**Where will child live once discharged from BBH:**

**Any other personal information that can provide insight into the child's presenting problem(s):**

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

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

Relationship To Client	Name	Phone Number(s)	Email	Address

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

Name	Dose	Times Taken	Any Experienced Side Effects

**Presenting Problems**

Please rate the Primary (1), Secondary (2), and Tertiary (3) presenting problems:

- |                           |                             |                              |
|---------------------------|-----------------------------|------------------------------|
| ___ Coping w/ daily roles | ___ Social/Interpersonal    | ___ Depression               |
| ___ Family                | ___ Suicide Attempt/Threat  | ___ Drugs                    |
| ___ Eating Disorder       | ___ Child Abuse Victim      | ___ Alcohol & Drug           |
| ___ Sexual Abuse Victim   | ___ Psychological/Emotional | ___ Domestic Violence Victim |
| ___ Runaway               | ___ Legal                   | ___ Alcohol                  |

## 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).

**Explain:**

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

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. **Explain:**

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

**Explain:**

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.

**Explain:**

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

**Explain:**

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

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. **Explain:**

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

**Explain:**

### **Environmental Issues- In home, school, or community:**

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

Inability to meet physical needs. **Explain:**

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

Exposure to alcohol abuse or use of illegal substances in “family setting” or “community network”.  
**Explain:**

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

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

Decompensates when under pressure due to family issues, turmoil in day-to-day living environment including educational setting. **Explain:**

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.).  
**Explain:**

### **Required Documents if Applicable**

Release of Information

Psychological Evaluations/Assessments

Prior Treatment Documents including:

✓ Admission Assessments

✓ Milieu/Incident Notes (for last 6 months)

✓ Discharge Summary

*Thank you for your interest in Birchwood Behavioral Health.  
We will review your completed application and respond within 5 business days!*