MCPS MENTAL HEALTH PARENT REFERRAL FORM

Student Name ________________________________ Grade _______ DOB____________

School ___________________________________ Referral Date __________________

Parent/Guardian __________________________ Parent/Guardian Contact # ____________

Is this referral urgent?	Yes	No	
Does your child have TennCare Insurance?	Yes	No	
Are there any agencies currently working with your child?	Yes	No	Unknown

If yes, list the name of the agency and phone number, if possible.

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Specific Concerns (check all that apply)

- Anxious, worried, panic attacks
- Argumentative and oppositional
- Bullying
- Confused thinking
- Family concerns/conflict
- Family history of domestic violence
- Fighting/Aggression
- Frequent Suspensions
- Health concerns
- History of mental illness
- Hostile, defiant
- Hyperactive, inattentive, impulsive
- Withdrawn, Isolated
- Involvement with Juvenile Justice
- Lack of emotional expression/empathy
- Low academics
- Low self-esteem
- Obsessions/compulsions
- Overly shy, timid
- Poor anger management
- Poor communication skills
- Poor motivation
- Poor social skills
- Sad, tearful, depressed
- Self-harm
- Sleep/appetite
- Subsistence needs
- Substance abuse
- Sudden change in behavior/observable mood swings
- Suicidal/homicidal thoughts, acts, statements
- Tardiness, truancy

Other concerns ____

****Please complete the referral and return to your child's school counselor****

School Counselor Use Only

REFERRAL ASSIGNED TO: **School Counselor** **Centerstone** **Mental Health Cooperative**

Other (specify): ____

ASSIGNMENT DATE ______________

Revised: July 2017