FAX: (601) 321-2476

HINDS BEHAVIORAL HEALTH SERVICES
REFERRAL FORM

Child's Name:_____ Age:_____ Gender:_____ Today's Date: _____

Parent/Guardian Name: _____ Phone Number: _____

School: _____ Teacher:_____ Grade:_____ Referred By: _____

Medications child is currently taking:_____

How long has this problem existed: __ less than one month ___ 1-6 months __ 6 months-1 year __ over 1 year

Has the child received mental health services before? YES NO If Yes, where?_____

Problem (check all that apply):

___ Social Problem:
( ) Bullies others ( ) Scared to be alone ( ) Deliberately annoys others ( ) Shy

___ Anger Problem:
( ) Frequent fights ( ) Argues often ( ) Loses temper easily ( ) Defies rules
( ) Aggressive ( ) Disrespectful ( ) Often angry

___ Attention Problem:
( ) Fails to finish tasks ( ) Talks excessively ( ) Gets out of seat often ( ) Forgetful
( ) Daydreams ( ) Can't sit still ( ) Difficulty focusing ( ) Impulsive

___ Mood Problem:
( ) Appetite change ( ) Harms self ( ) Lack of interest in activities ( ) Cries often
( ) Low self-esteem ( ) Thoughts of death ( ) Severe mood swings ( ) Worries often

___ Other Problem:
( ) Drug/alcohol use ( ) Destruction of property ( ) Legal Issues
( ) Bedwetting ( ) Sees things that aren't there ( ) Lies often
( ) Grief issues ( ) Hears things that aren't there ( ) Sexual acting out
( ) Cruel to animals ( ) Plays with fire/matches ( ) Runs away
( ) Truancy ( ) School suspensions ( ) Stealing
( ) Sleep problems ( ) Poor grades ( ) Abuse or neglect suspected*

*(*If you suspect this child is being abused or neglected, it is YOUR responsibility to report it to the Department of Human Services.)*

Comments:

(FOR HBHS USE ONLY) (FOR HBHS USE ONLY)

Date Referral Form Received: _____ Referral appropriate? YES NO *(If No, refer to appropriate agency.)*
Notified Referral Source? Yes ____ No ____ If No, why?_____
Action taken: ( ) Intake scheduled: YES NO If Yes, Date/Time_____
( ) Observation scheduled: Date/Time: _____
( ) Referred case to: _____ Date referral made: _____
Comments:

HBHS **HINDS** Behavioral Health Services

Revised 12/07