THE COUNSELING SOURCE, INC.- Fax Referral Sheet/ Phone Intake Form

10921 REED HARTMAN HIGHWAY, SUITE 133, CINCINNATI, OH 45242

Phone: (513) 984-9838 FAX: (513) 984-8075

(800) 618-0688 (800) 738-9854

PLEASE COMPLETE ALL FIELDS CLEARLY AND WITH DARK INK

Facility documentation to accompany Referral Form: Student DASL sheet, Guardianship Court Order (if applicable).

REFERRAL DATE: _____ Grade: _____ HR Teacher: _____

_____ **ROUTINE: Appointment** scheduled within 2 weeks**

_____ **PRIORITY: Appointment** scheduled within 1 week, serious symptomology displayed**

_____ **URGENT*: DANGER TO SELF OR OTHERS. Appointment** scheduled same day as referral. Treat as an emergency.**
***IF REFERRAL IS URGENT, CALL THE COUNSELING SOURCE OFFICE TO NOTIFY IN ADDITION TO SENDING FAX REFERRAL FORM.**
****(Please note: Appointment is subject to contact with parent/guardian, their availability and/or willingness to consent to treatment of child)**

SCHOOL DISTRICT: _____ BUILDING NAME: _____

STUDENT'S LEGAL NAME: _____ BIRTH GENDER: ☐ MALE ☐ FEMALE

DATE OF BIRTH: _____ SOCIAL SECURITY #:_____

ADDRESS: _____

CITY: _____ STATE: Ohio ZIP: _____

CUSTODIAL PARENT/LEGAL GUARDIAN: _____

BEST CONTACT NUMBER(S): (_____)_____; (_____)_____

PHYSICAL ADDRESS: _____

PARENT/GUARDIAN EMAIL ADDRESS: _____

OHIO MEDICAID: (Circle) CareSource Molina Paramount Advantage Buckeye Community United Healthcare Community

MMIS# (12 Digits): _____ MEMBER ID: _____

THIRD PARTY INSURANCE: _____ POLICY #: _____

PRESENTING PROBLEM(s): (Circle all that apply)

1. Suicidal - Thoughts/Statements/Attempts	6. Appetite Problems	11. Emotional Outbursts	16. Problem Behaviors
2. Acting Sexually Inappropriate	7. Being Depressed	12. Impulsivity	17. Psychotic Thinking
3. Adjustment Difficulties	8. Being Withdrawn	13. Inattention	18. Relationship Problems
4. Anger Problems	9. Changes in Sleep Patterns	14. Memory Problems	19. Thought Distortion
5. Anxiety	10. Fears	15. Mood Swings	20. Worries

21.Other: _____

NAME/TITLE OF PERSON MAKING REFERRAL: _____

PHONE NUMBER/CONTACT INFO: _____