

The Sequoyah Group, LLC Services Form

5350 S Western Avenue Suite 536, Oklahoma City, Oklahoma 73109

Phone: (405) 724 - 8353 Fax: (405) 400 - 0162

School Based Clinic Based Home Based Individual Family Group Life Skills
 Case Management Assessment and Evaluation

Date: _____ Insurance/Medicaid #: _____

Client's Name: _____

Parent(s) /Guardian(s) _____

Address: _____

City, State, Zip: _____

Home phone: _____ Cell/Work/Other: _____

Date of Birth: _____ Age: _____ Marital Status: _____

SSN# _____ Sex: Male _____ Female _____

Race/Ethnicity: _____ Source of Income/Place of Employment: _____

Presenting Problems(s)/History:

CWS/Foster Care Anxiety Temper Tantrums/Anger Parenting Skills Physical Abuse
 Depression Yelling, screaming Hyperactivity Sexual Abuse Bullied Blended Family
 Biting, Hitting, Kicking Attention/Concentration Neglect Grief and Loss Aggression-Verbal
 Psychotropic Meds Environmental Self-Mutilation Aggression-Physical Homicidal Thoughts Eating Disorder
 Substance Abuse Defiant/Oppositional Single Parent Family Learning Disability Destroying Property
 Parent Incarceration Suicidal Thoughts Harming Animals Outpatient Psych. Inpatient Psych Fire Setting

Person making referral: _____

Agency Name: _____

Street Address: _____ City _____

State _____ Zip _____

Reason for referral: _____

OTHER CUSTODIAL PARTIES

If so, County of jurisdiction: _____ Court Jurisdiction: _____

Name of Caseworker: _____

Name of Probation Officer: _____