Our Helping Hands

507 N Sam Houston Pkwy. E STE 160
Houston, TX. 77060
Phone: 832-254-6969
Email: helpinghandstcm@outlook.com

Client Information							
Client Name:		date		SSN:		DOB	
Street Name:				State		Zip	
School:				Grade		ESE	
Parent/Guardian				Contact Number:			
Language spoken at home:				Email:			

Medical Information				
Current Mental Health Diagnosis				
Please list insurance coverage for the client being referred	☐Superior Health	☐Texas Children	☐Other (please specify)	
	☐Molina	☐Community Health	☐Medicaid #	

Behavior Symptoms exhibited by the client/ Select all that apply				
	☐Lying	☐Physical Aggression	☐Verbal Aggression	☐Depressed Mood
	☐Poor School Grades	☐Stealing	☐Self-Injury	☐Criminal Behavior
	☐Eating Disorder	Disruptive Behavior	☐Suicidal Ideations	☐Substance Abuse
	☐Hyper Behavior	☐ Poor Concentration	☐Inappropriate Sexual Behavior	☐Sleep Disruption
	☐Non-compliance	☐Tantrum Behavior	☐Runaway Behavior	☐other:_____

Services Desired			
	☐Group Counseling	☐Tutoring	☐Mentoring
	☐Housing	☐Employment	☐Education
	☐Individual Counseling (In Home/School)	☐Individual Counseling (Outpatient)	☐Other:_____

Referral Source			
Name:		Phone Number	
Email:		Agency:	