**Referral Screening Form**

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| **Who is being referred (First and Last Name):** Click or tap here to enter text. **Birthdate:** Click or tap here to enter text.**Address:** Click or tap here to enter text.**Contact Number:** Click or tap here to enter text. **Email Address:** Click or tap here to enter text.**How will the cost of service be covered (Out of Pocket or Insurance):** Click or tap here to enter text.**If insurance is being used input Carrier and ID number:** Click or tap here to enter text. |
| **Legal Guardian Name/Contact (if applicable):** Click or tap here to enter text.**Contact Number:** Click or tap here to enter text. **Email Address:** Click or tap here to enter text. |
| **Who is submitting referral:** Click or tap here to enter text.**Contact information for referring party:** Click or tap here to enter text.**Is the person/guardian aware of the referred to Choose B.E.T.T.E.R. 4 U, PLLC:** [ ]  **yes** [ ]  **no** |

**Please answer the three questions below to the best of your knowledge.**

1. **Observed Concerns/Issues (Check reasons for referral):**

[ ]  **Behavior Issue:** [ ]  hitting [ ]  fidgety [ ] impulsive [ ]  not following directions [ ]  lying

[ ]  **Mood Changes:** [ ]  sadness [ ]  over-achieving [ ]  anxious [ ]  nervous [ ]  stressed

[ ]  **Self worth:** [ ]  esteem [ ]  confidence [ ]  self harm [ ]  peer-inluenced [ ]  social isolation

[ ]  **Hallucinations:** [ ]  Visual… seeing things that are not there [ ]  Auditory… hearing thing)

[ ]  **Abuse/Neglect:** [ ]  physical [ ]  sexual [ ]  emotional

[ ]  **Obsessive Compulsions:** Click or tap here to enter text.

[ ]  **Other:** Click or tap here to enter text.

1. **How long have these concerns/issues been observed:** Click or tap here to enter text.
2. **Are there any specific details you can share about the concerns/issues that you have observed:** Click or tap here to enter text.