**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.