



Date Received: \_\_\_\_\_

# CLINICAL DIAGNOSIS REFERRAL FORM

## CLIENT INFORMATION

NAME \_\_\_\_\_  
 LAST FIRST MI  
 DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ GRADE: \_\_\_\_\_  
 SEX: \_\_\_\_ MALE \_\_\_\_ FEMALE \_\_\_\_ PREFERENCE NOT LISTED OR CHOOSE NOT TO ANSWER  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

## PARENTS/LEGAL GUARDIAN INFORMATION

### FATHER

Name \_\_\_\_\_  
 LAST FIRST MI  
 RELATIONSHIP TO PATIENT (IF NOT PARENT, PLEASE PROVIDE LEGAL DOCUMENTATION OF GUARDIANSHIP)  
 \_\_\_\_ PARENT \_\_\_\_ GUARDIAN \_\_\_\_ FOSTER PARENT \_\_\_\_ OTHER  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_  
 PREFERRED METHOD OF CONTACT \_\_\_\_ PHONE \_\_\_\_ EMAIL

### MOTHER

NAME \_\_\_\_\_  
 LAST FIRST MI  
 RELATIONSHIP TO PATIENT (IF NOT PARENT, PLEASE PROVIDE LEGAL DOCUMENTATION OF GUARDIANSHIP)  
 \_\_\_\_ PARENT \_\_\_\_ GUARDIAN \_\_\_\_ FOSTER PARENT \_\_\_\_ OTHER  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_  
 PREFERRED METHOD OF CONTACT \_\_\_\_ PHONE \_\_\_\_ EMAIL

**SCHOOL DISTRICT/AGENCY INFORMATION**

TYPE OF ORGANIZATION: \_\_\_\_\_ SCHOOL DISTRICT \_\_\_\_\_ AGENCY

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PRIMARY CONTACT NAME \_\_\_\_\_

PHONE (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

**DIAGNOSIS**

PLEASE LIST ANY CURRENT/PREVIOUS DIAGNOSES INCLUDING WHO AND WHERE THEY WERE OBTAINED

\_\_\_\_\_  
\_\_\_\_\_

**MEDICAL**

LIST ANY MEDICATIONS, VITAMINS, OR SUPPLEMENTS THE INDIVIDUAL IS CURRENTLY TAKING  
(INCLUDE DOSAGES AND STRENGTHS)

\_\_\_\_\_  
\_\_\_\_\_

LIST ANY MEDICAL CONCERNS SUCH AS CONSTIPATION OR CHRONIC HEALTH ISSUES

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PRESENT CONCERNS**

REVIEW THESE CONCERNS AND RATE THE SEVERITY USING THE SCALE PROVIDED OR MARK "NA".

1= NORMAL/NOT AT ALL    2= MILD PROBLEM    3= MODERATE PROBLEM    4= SEVERE PROBLEM  
 NA= NOT APPLICABLE

**ACADEMIC/VOCATIONAL SKILLS**

PRESENT CONCERN	RATING				
ORGANIZATIONAL TASKS ARE SIGNIFICANTLY IMPACTED	1	2	3	4	NA
TIME MANAGEMENT AND LONG-TERM PLANNING ARE A CONCERN	1	2	3	4	NA
READING COMPREHENSION IS BEST AT FACTUAL LEVEL VERSUS UNDERSTANDING THE MAIN IDEA OR INFERENTIAL SKILLS	1	2	3	4	NA
WRITTEN EXPRESSION OR WRITING ARE A CONCERN	1	2	3	4	NA

ADDITIONAL INFORMATION

---



---

**BEHAVIOR CONCERNS**

PRESENT CONCERN	RATING				
SOLVING PROBLEMS AND NEGOTIATING	1	2	3	4	NA
FOLLOWING INSTRUCTIONS OR RULES	1	2	3	4	NA
LEAVING AN AREA UNEXPECTEDLY	1	2	3	4	NA
ACCEPTING HELP	1	2	3	4	NA
RIGID THOUGHTS OR BEHAVIORS	1	2	3	4	NA
DAILY LIVING SKILLS SUCH AS SELF-CARES, HOUSEHOLD TASKS AND DAILY LIVING NEEDS/CARES	1	2	3	4	NA

## ADDITIONAL INFORMATION

---



---

**SENSORY CONCERNS**

IS BOTHERED BY LIGHTS, SOUNDS OR TOUCH	1	2	3	4	NA
----------------------------------------	---	---	---	---	----

HAS A RESTRICTED DIET OR FOOD PREFERENCES	1	2	3	4	NA
-------------------------------------------	---	---	---	---	----

SEEKS SOME MOVEMENTS OR ACTIVITIES AND ACTIVELY AVOIDS OTHERS					
---------------------------------------------------------------	--	--	--	--	--

	1	2	3	4	NA
--	---	---	---	---	----

GAGS/ACTIVELY AVOIDS SOME FOODS OR TEXTURES		1	2	3	4	NA
---------------------------------------------	--	---	---	---	---	----

HAS TROUBLE SLEEPING (DESCRIBE BELOW)	1	2	3	4	NA
---------------------------------------	---	---	---	---	----

MOVES THEIR BODY IN A REPETITIVE MANNER	1	2	3	4	NA
-----------------------------------------	---	---	---	---	----

---



---

**COMMUNICATION**

PRESENT CONCERN	RATING				
-----------------	--------	--	--	--	--

INITIATING WITH OTHERS	1	2	3	4	NA
------------------------	---	---	---	---	----

ASKING QUESTIONS	1	2	3	4	NA
------------------	---	---	---	---	----

IMMATURE GRAMMAR	1	2	3	4	NA
------------------	---	---	---	---	----

LANGUAGE IS OFTEN "SELF-FOCUSED"	1	2	3	4	NA
----------------------------------	---	---	---	---	----

REPEATS SPECIFIC THEMES/TOPICS IN SPOKEN LANGUAGE	1	2	3	4	NA
------------------------------------------------------	---	---	---	---	----

COMMUNICATION WAS/IS DELAYED	1	2	3	4	NA
------------------------------	---	---	---	---	----

## ADDITIONAL INFORMATION

**MOTOR SKILLS (FINE OR GROSS)**

PRESENT CONCERN	RATING				
-----------------	--------	--	--	--	--

INDIVIDUAL IS CLUMSY OR UNCOORDINATED	1	2	3	4	NA
---------------------------------------	---	---	---	---	----

PENMANSHIP IS MESSY/ILLEGIBLE OR CONVERSELY OVERLY PERFECTIONISTIC	1	2	3	4	NA
-----------------------------------------------------------------------	---	---	---	---	----

ADDITIONAL INFORMATION

---



---

**SOCIAL**

PRESENT CONCERN	RATING				
-----------------	--------	--	--	--	--

LISTENING DURING A CONVERSATION	1	2	3	4	NA
---------------------------------	---	---	---	---	----

MAINTAINING EYE CONTACT	1	2	3	4	NA
-------------------------	---	---	---	---	----

PARTICIPATING IN A GROUP	1	2	3	4	NA
--------------------------	---	---	---	---	----

PLAY SKILLS	1	2	3	4	NA
-------------	---	---	---	---	----

FRIENDSHIPS ARE SUPERFICIAL	1	2	3	4	NA
-----------------------------	---	---	---	---	----

HAS VERY FEW FRIENDS	1	2	3	4	NA
----------------------	---	---	---	---	----

TEASING/TAUNTING BY PEERS	1	2	3	4	NA
---------------------------	---	---	---	---	----

UNDERSTANDING "HIDDEN" SOCIAL RULES	1	2	3	4	NA
-------------------------------------	---	---	---	---	----

UNDERSTANDING OPINIONS OR EXPERIENCES OF OTHERS	1	2	3	4	NA
----------------------------------------------------	---	---	---	---	----

UNDERSTANDING EMOTIONS OF DATING OR INTERACTIONS WITH A SIGNIFICANT OTHER	1	2	3	4	NA
---------------------------------------------------------------------------------	---	---	---	---	----

Date Received: \_\_\_\_\_

**SOCIAL: ADDITIONAL INFORMATION**

---

---

**OTHER CONCERNS**

---

---

---

---

---

**STRENGTHS FOR THIS INDIVIDUAL**

---

---

---

**PRIMARY REASON FOR MAKING THIS CLINIC REFERRAL**

---

---